Lecture
ON
THE DETECTION OF PARTICLES OF HEPATIC STRUCTURE IN ABSCESS OF THE LIVER.

BY SAMUEL FENWICK, M.D., F.R.C.P.,
PHYSICIAN TO, AND LECTURER ON MEDICINE AT, THE LONDON HOSPITAL.

GENTLEMEN,—Although the symptoms I have already described are generally sufficient to enable you to ascertain the existence of an abscess of the liver, yet cases every now and then occur in which they leave you in doubt. Under such circumstances you may with advantage examine the pus derived from the abscess, and by so doing may determine not only the presence of the disease, but also the probability of the patient's recovery. You all know that by liquefying, by means of soda, the sputa of a patient affected with phthisis, you can detect portions of the fibrous tissue of the lungs. But you are unable to apply the same solvent to the pus discharged from an hepatic abscess, because any of the liver structures that may be present are readily dissolved by the process. You must therefore vary your method of procedure; and I shall bring before you the following cases both to explain how this can be most readily effected, and also to point out what advantages you may expect from this method of diagnosis.

A young man was admitted into the hospital a few years ago, under the care of Mr. Rivington, with an abscess of the right side. There was a large amount of discharge, and a probe could be passed into the wound for its whole length without meeting with any obstruction. The apex of the heart was tilted upwards, and, by percussion, the liver was proved to be increased in size, and to present a considerable bulging in the epigastric region. He was much emaciated, very feeble, suffered from night-sweats, and had a small and rapid pulse. The history that he gave was that he had been a soldier in India, and had been invalided and sent home. In England he had so far recovered that he was able to return to his duty. But one day he had discovered a lump in his side. An abscess formed, which burst; and on account of this he had applied for admission into the hospital. Some of the pus that flowed from the sore was shaken up with distilled water and thrown into a conical glass. In a few seconds numerous fragments subsided, which presented the appearance of liver, mixed with shreds of fibrous tissue. Examined microscopically, it was quite evident the fragments were formed of hepatic structure infiltrated with pus-cells; whilst the fibrous material was similar to what is ordinarily found around old abscesses of the liver. On different occasions the pus was examined, and always with the same result. The man became rapidly worse, and was removed from the hospital in a dying condition.

Although in this case there could be little doubt as to the nature of the complaint from which the patient was suffering, yet the diagnosis was rendered quite certain by the discovery of the portions of liver. Whenever you have a large opening, and the ulceration, as in this instance, is going on rapidly, the simple expedient of shaking up the pus with distilled water and allowing the heavier particles to subside will be sufficient to ensure their detection.

But, instead of a simple case like the foregoing, you may meet with hepatic abscess when it is exceedingly difficult to arrive, from the history and symptoms, at a correct conclusion. A man, thirty-six years of age, who had never been in the tropics, was admitted an out-patient under my care in 1872. For the preceding six months he had been subject to severe pain after food, referred to the epigastric and umbilical regions. About a week before he applied for advice he complained of griping pain of the abdomen with some tenesmus, the stools being scanty and mixed with mucus and blood. I ordered him some calomel and opium, followed by castor oil; and next week he was much relieved. I did not see him again for three or four weeks, as he came under the care of the clinical assistant; but at the end of that time I was struck with his altered appearance. He had lost flesh; the cheeks were flushed; the pulse rapid and small; he complained of a burning pain in the right hypochondrium, and he had noticed for a week a swelling in that region. With some difficulty he was persuaded to enter the hospital. There was considerable difference of opinion respecting the nature of the tumour. The position and fixity of the swelling and the rapid loss of flesh and strength seemed to point to hepatic abscess; but the fact of his having suffered for six months from pain after food, and a history he gave of having seven years before been affected with ulcer of the stomach, gave rise to the surmise that an old gastric ulcer had set up inflammation of the parts around it, which had terminated in abscess. In support of this was the patient's statement that both his father and brother had been affected with ulceration of the stomach, and that one of his sisters had died from it. Fluctuation soon showed itself, and the needle of an aspirator was passed into the tumour, and withdrew six ounces of blood-stained pus. Some of this was shaken up with water, but no particles could be detected. The remainder of the pus was therefore digested for a few minutes along with a few drops of ammonia, mixed with distilled water, and then placed in a conical glass. A sediment subsided, which, when examined microscopically, was proved to contain a considerable number of minute fragments of hepatic tissue. The patient rapidly sank; and, on post-mortem examination, a large abscess was found in the right lobe of the liver, whilst the whole course of the colon was covered with ulcerations.

Here you will observe the use of the microscope cleared up all doubts as to the nature of the disease, but, on account of the small size of the needle employed, the fragments of liver were so minute that it was requisite to liquefy the pus before their presence could be ascertained.

But you must bear in mind that the prognosis is bad in proportion to the amount of hepatic structures you may discover. When the ulcerative process has ceased, the particles that have been thrown off soon disintegrate, and lose their characteristic appearance. These are the cases that are most likely to recover after tapping, and therefore it is very important, as regards prognosis, that in every instance the pus should be carefully examined. The following cases will be sufficient to prove the truth of what I have stated.

A man was admitted into the hospital with a painful swelling of the right hypochondriac and epigastric regions. He had been in India, and from the history, as well as the site and appearance of the tumour, there was little doubt he had an hepatic abscess. The pus was drawn off by the aspirator, but no fragments could be discovered when it was mixed with water. It was therefore digested with a few drops of ammonia, when a number of fragments were deposited, which looked like disintegrated liver, but no perfect hepatic cells could be distinguished. The tapping was repeated, the patient's health improved, the tumour gradually subsided, and he left the hospital cured.

You may fairly say that as, on account of his recovery, we had no opportunity of verifying the diagnosis, this may not have been an instance of hepatic abscess. The following case is free from this objection, and will be sufficient to show that the absence of fragments of liver is a pretty sure indication that ulceration is not progressing.

A sailor was admitted into the hospital with cough, expectoration, loss of flesh, and night-sweats. The cough was very severe, the expectoration profuse, but there had been no hæmoptysis. He had enjoyed good health until nine months before, when, in the Bay of Bengal, he had been attacked with febrile symptoms, which confined him to his berth for about ten days. He was walking the deck after his recovery, when he suddenly felt sick and vomited a large quantity of pus. Cough and expectoration followed, and persisted until he reached St. Helena, where they subsided; but as he approached England the chest symptoms returned. The whole of the posterior part of the right chest was dull on percussion, the respiration was cavernous, and there was distinct pectoriloquy at the angle of the scapula. One of my colleagues, whom I requested to see the case, pointed out that the cavernous voice and breathing could be heard to the lowest border of the ribs—over, in fact, the hepatic region. As the patient was exceedingly feeble, I directed

that the aspirator should be used in the lateral region of the chest, where I thought I could distinguish fluctuation. The medical assistant, by mistake, passed the trocar in posteriorly, and after it had traversed about an inch and a half of condensed tissue, an abscess was reached, and some ounces of thick pus were removed. Great relief was afforded as regards the cough and expectoration, but the patient's strength failed, and he died about a week afterwards. No hepatic structures could be found in the pus removed by the aspirator, but on boiling it with soda a large quantity of lung-tissue was discovered in it by the microscope. On post-mortem examination, a considerable quantity of pus was found, confined by old adhesions, between the liver and the ribs, at the part where fluctuation had been felt. On the surface of the liver, and in contact with the pus, was a deep depression of an old ulcer, which was everywhere covered by fibroid tissue. The pus had burrowed through the diaphragm, and the abscess communicated with a huge cavity in the lower lobe of the right lung. The other organs were normal.

The presence of a large quantity of lung-tissue and the absence of any fragments of liver in the pus, were thus explained by the post-mortem examination, for whilst the ulcerative process had ceased in the latter, it was rapidly going on in the former organ. There can be little doubt if the aspirator had been used before the diaphragm was perforated, the patient would have recovered. You will have remarked that in this case cavernous voice and respiration could be heard over the whole of the part that was dull on percussion. This may readily lead you into a mistake in diagnosis, as it did me many years ago. A man, thirty-five years of age, had been affected with dysentery in the East Indies, and on his return home was laid up with fever, night-sweats, and emaciation. Two weeks before his death he was suddenly attacked with cough and profuse expectoration. The hepatic dulness was greatly increased in extent, reaching above the nipple, but tubular respiration and bronchophony could be heard all over the dull part, both before and behind. From this I concluded he was only suffering from pneumonia, but on post-mortem examination an enormous abscess was found in the right lobe of the liver, which had perforated the diaphragm and produced a cavity in the inferior lobe of the lung. I suppose the explanation of these cases is, that the cavernous voice and respiration are conducted from the pulmonary cavity by the hepatic structure which is brought into contact with it by the perforation of the diaphragm.

But you may have abscess of the liver produced in another way. Suppuration may occur in an hydatid cyst, and the pus make its way either to the surface or through the lung or other viscera. There is little difficulty in the recognition of such cases where you have (as you will see so often in our wards) the history of a long-standing painless tumour, which suddenly becomes inflamed. But where the cyst has been situated in the interior of the liver, and not been of sufficient size to attract the attention of the patient by a feeling of weight or fulness, the diagnosis may be very difficult. Two cases were under my care last year of this character, in which the microscopic examination of the discharge was of great value, both as regards diagnosis and prognosis.

A woman, twenty-four years of age, had enjoyed good health, and was able to follow her occupation of a barmaid until a few weeks before her admission, when she complained of pain in the right side. This passed off, but she was again attacked with the pain, which was accompanied by severe cough and expectoration. When examined, the ordinary signs of pleurisy were present, and the expectoration was observed to be of a bright-orange colour. The pulse was quick, and the temperature 103° Fahr. The liver could not be felt below the hypochondrium, and was not tender on pressure. The yellow colour of the sputa was proved to be caused by biliary pigment, and the biliary salts were also present. Now how were we to prove the source from which the bile had been derived? The sputa were examined for liver structure, but none could be discovered. Then it was boiled with soda, but no lung-tissue presented itself. But in the deposit the microscope discovered the remains of calcified hydatids, so that it was plain that an old cyst in the interior of the liver had suppurated, had perforated the diaphragm, and was discharging its contents through the lung. The fever still remained high, and she rapidly lost flesh and strength, until one day a swelling was remarked in the right hypochondrium. This was perforated by the aspirator, and four ounces of purulent matter withdrawn, which, microscopically, displayed an abundance of the characteristic membrane of an hydatid cyst. The tumour reappeared, but gradually subsided without being tapped; and, after four months' illness, the patient completely recovered her health.

It seems pretty evident, from the presence of calcified hydatids in the sputa accompanied by bile, whilst laminated membrane without bile was found in the pus of the swelling of the side, that two separate cysts had been present in the liver. But, notwithstanding the severe fever lighted up by the perforation of the diaphragm, the absence of both pulmonary and hepatic structure showed that ulceration had not attacked these important organs, and therefore the prospect was less gloomy than it would otherwise have been.

The other case presented a remarkable contrast to the above, in the small amount of constitutional irritation set up.

A man, twenty-four years of age, had enjoyed good health until seven months before his admission, when he had an attack of fever, vomiting, and diarrhœa. Five weeks before he was admitted he observed a lump in the right side, which was opened, and clear fluid, along with a quantity of thick membrane, was discharged. In a day or two the discharge became yellow, and three days before admission cough and expectoration of a bright-yellow fluid were observed. When examined, no physical signs of pulmonary disease could be discovered. He was forced constantly to sit up in bed, for any attempt to lean forward, or to lie down produced severe cough and copious expectoration of the yellow fluid. The sputa had no deposit, and the microscope failed to detect any trace either of hydatids or of pulmonary or hepatic structures. There was no fever, the pulse never rose above 84, and his appetite was good. The opening in his side was enlarged, the expectoration rapidly lessened, the wound healed, and he was discharged in two weeks after his admission.

In all probability this man had a simple hydatid cyst, which had suppurated and discharged its contents, both externally and through the bronchial tubes. As the discharge from the opening in his side was at first colourless, and afterwards the bending forward of his body was sufficient to produce a copious bilious expectoration, we must suppose that some large biliary duct had opened into the cyst after it had become empty. But, unlike the former case, neither pleurisy nor pneumonia was set up, so that scarcely any constitutional disturbance resulted from the perforation of the diaphragm.

I trust the above cases will be sufficient to convince you that the careful examination of the discharge of a hepatic abscess, however produced, should never be neglected, as the amount of hepatic or pulmonary structures that may be present is the best indication of the gravity of the case. But you may also extend the same method of procedure to the examination of the discharge from other organs, and may thus not only detect the exact structure from which the pus proceeds, but may ascertain the rate at which the ulceration is progressing, and thereby be able to estimate the probability of your patient's recovery.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.—The following officers have been appointed for the ensuing session:—President: Samuel Gordon. Vice-Presidents: Dominic J. Corrigan, Alfred Hudson, James Little, William Stokes. Council: J. Hawtrey Benson, J. F. Duncan, J. Magee Finny, Thomas Fitzpatrick, A. Foot, T. Grimshaw, Henry Kennedy, S. M. MacSwiney, Reuben Harvey, Thomas Hayden, J. Moore, Walter G. Smith. Hon. Sec., G. Duffey.

VACCINATION GRANTS.—The following gentlemen have received from the Local Government Board gratuities for the successful performance of vaccination in their respective districts:—Mr. W. H. Arrowsmith, Darlington, £66 4s. (third time); Mr. H. W. Newton, Newcastle-on-Tyne, £38 (third time); Dr. G. F. Pritchard, Faversham, (for the fifth consecutive time); Dr. R. B. Hocter, Brackley Union (third time).

LECTURES, BOOKS, AND PRACTICAL TEACHING;

Being the Substance of an Introductory Lecture to a Course of Practice of Medicine, 1877–78.

BY W. T. GAIRDNER, M.D. &c.,

PROFESSOR OF THE PRACTICE OF MEDICINE IN THE UNIVERSITY OF GLASGOW.

AFTER some preliminary remarks on the question whether teaching by lectures is a method suitable to the needs of the day, Professor Gairdner spoke as follows:—

It is impossible even to conceive now of a Professor of Physic after the type of the great Hermann Boerhaave, of Leyden, whose fame, in the earlier part of last century, filled Europe, and whose system of doctrines, widely propagated after his death by Van Swieten and others, may be said to have dominated the whole academic teaching of most of the greater universities, at least down to the time when Cullen occupied this chair in Glasgow, and afterwards the corresponding one in Edinburgh—i.e., till the latter part of the century.[1] Between Sydenham, in the middle of the seventeenth century, and Cullen, at the end of the eighteenth, there is certainly no name whose authority can be compared with that of Boerhaave as an expounder of medical doctrine; and yet, so great have been the changes in the interval, that his voluminous works are now, to us of the present day, almost as antiquated as those of Galen, whom he greatly resembled in the character of his intellect, and also of his influence over the minds of men. The causes of this immense influence, as an historical fact, and of its nearly complete extinction, it would be tedious to discuss at present in such a way as to make them intelligible to you; but in general terms it is safe to say this—that Boerhaave was essentially what I have elsewhere called a *system-builder*; an eclectic and a genuine system-builder, it is true, equally removed from charlatanism and from one-sided enthusiasm, but still essentially a dogmatist—i.e., one whose influence as a teacher depended largely upon the acceptance of his fundamental doctrines, or *dogmata*, as regards the nature of disease in the abstract, its causes, and its cure. The aim of Boerhaave was obviously to build up a coherent, and all but complete, structure of preliminary doctrines or aphorisms, on which, as on an hypothesis, all the detailed investigation of individual cases or diseases was thereafter to rest. His method, therefore, was essentially that of the theologian; like that of Calvin in the Institutes, for example, or of Augustine, in that great system of mediæval doctrine which was called Catholic, because it was supposed to be for all time and for every place alike, and which, in fact, has thus far corresponded with the title, that it was adopted in its main features and logical sequence by the reformers no less than by the Church of Rome. The system of Boerhaave was eclectic; that is, it professed to be drawn from a comprehensive study of all previous doctrine in all ages, but especially in the immediately preceding age; it adopted freely whatever seemed to be well founded in the teaching of the mathematical (or rather mechanical) and of the chemical schools, and did not disdain the acknowledgment of its obligations to the past; but the ultimate end was to be a *system*—i.e., a scheme of doctrine so absolutely true, complete, and logically coherent, as to have a reasonable look of *finality* about it. Hence the very language of Boerhaave, and of all his school, has become obsolete, because men have ceased to think of disease in general, or of disease in detail, in terms of his underlying hypothesis. Take, for example, the primary division of his classification:—Diseases of a simple solid fibre; of a weak and lax fibre; of a stiff and elastic fibre; of a weak and lax viscera; of too strong and rigid viscera; from an acid humour; from a spontaneous gluten; from an alkaline cause. All these are terms which convey absolutely no meaning, or scarcely any meaning at all, to a pathologist of the present day; and yet they are of the very essence of the doctrinal system of this great teacher, whose authority extended at one time from Vienna to the *penitus toto orbe divisos Britannos*.

You will not, I trust, suppose me to be making these references to Boerhaave with the view of unduly depreciating one whose character and immense erudition, added to vast stores of personal experience, give him an ample claim to all the fame he acquired, and to a permanent and honourable place in the history of medical doctrine. My object is not to undervalue Boerhaave, but to show you wherein the modern spirit and method differ from his. Even in the middle of the eighteenth century, such methods and systems as that of Boerhaave are already, to use a Darwinian phrase, a survival from the past; the great original masters of research, Morgagni, for example, are found to repudiate, or rather to set them aside almost without effort; they refuse to be bound by an hypothesis or by a system of doctrine, be the authority for it ever so eminent. Systems, it is true, continue to spring up; Stahl and Hoffmann divide the schools in opinion almost contemporaneously with Boerhaave, and system-building goes on, pretty steadily, up to the very close, at least, of last century, when it has, however, degenerated for the most part into a kind of discredited charlatanism; the pretentious systems of Brown and Hahnemann, for instance, being distinguished chiefly by their abnegation of all genuine science, and indeed almost unconcealed contempt for it. The aim of these theorists was to establish such a general series of postulates with regard to the origin of all diseases as should dispense with all knowledge in detail of the real facts; so that the treatment might be decided upon *à priori* considerations, almost without reference to experience. Even during the present century there have been more or less similar attempts, as those of Broussais in France, Rasori and others in Italy, to proclaim absolute first principles of disease and of its treatment; but in general it may be said that the characteristic of the period which includes the great names of Laennec and Louis, Abercrombie, Richard Bright, Addison, and Stokes, Skoda and Oppolzer (to mention no more recent ones), has been a growing distaste for dogmatic assumptions, and a growing reliance upon the absolute facts of experience, collected with all the aid of new methods of investigation, and submitted to a cautious and searching, often a precise and numerical, analysis.....

I have said already that in my opinion no teacher or professor of the type of Boerhaave is ever again likely to attract the attention and occupy the mind of his generation as he did. We may rest assured that no system of medical doctrine will ever again be worth recording after the fashion of the aphorisms of this great man, illustrated in the lengthened and exhaustive "Commentaries" of his pupil Van Swieten, who tells us that he attended the lectures of his "great master, both public and private, for the space of nearly twenty years," in order to have the opportunity of reducing to order, and promulgating in their fulness, all the wise sayings of so great an authority. I fear it must be admitted that in these perhaps degenerate days so gigantic a task would be unavailing, were it even fulfilled, as regards the greatest of our professors, in a compilation as unwearied, exact, and, on the whole, as readable as that of this learned Hollander. And this, because no body of aphorisms whatever, "concerning the knowledge and cure of diseases," has any chance of enduring for twenty years without becoming in some important, and, perhaps, vital, points open to serious correction or revision; or, perhaps, antiquated altogether, and obsolete. Within the last ten years, for instance, of our present experience, the whole doctrine of fever, of tubercular disease, of infection and contagion, to take only three examples out of a multitude, has been, and is, undergoing changes of which it may justly be said that we know not what an hour may bring forth. How is this body of floating doctrine to be crystallised into aphorisms, and endowed with what may be called dogmatic authority and stability, by even the most energetic of professors and commentators?

Again, the application of the ophthalmoscope, the thermometer, the laryngoscope, the sphygmograph, and other graphic methods, to clinical research in various internal

[1] Boerhaave was born in 1668, and died in 1738, having lectured on the Institutes of Medicine from 1701 onwards, and been elected to the chair of Medicine and Botany, at Leyden, in 1709. Cullen began to lecture on the Practice of Physic, in Glasgow, in 1751, and died in Edinburgh in 1790. His "First Lines of the Practice of Physic" was published in Edinburgh in 1777.

diseases, is at this moment rendering the most advanced text-books, written even ten years ago, comparatively valueless over a large field of medical observation. How are the aphorisms of any professor, if collected into a system such as is found in Van Swieten's "Commentaries," to escape from the influence of "tempus edax rerum" for double that period of time?

The researches of Drs. Fraser and Crum Brown, of Lauder Brunton, of Rutherford, Dewar, and M'Kendrick, seem to be not only introducing new remedies, but entirely new experimental data and principles for guiding us in the use of the oldest and most familiar remedies, amounting to a probable revolution in our existing science of therapeutics. How is the "cure of diseases" to be formulated in aphorisms, even for a single generation, in the face of these facts? You have only to compare the first with the last edition of Sir Thomas Watson's famous and most admirable book, and to read carefully what is written in each edition on such subjects as the treatment of pneumonia, of diarrhœa and cholera, &c., to see that, even short of what may be called the most unsettling novelties of modern doctrine in therapeutics, a period of twenty or thirty years is now equivalent to a revolution, or rather a series of revolutions, in all that may be taken for established doctrine in the treatment of some of the most important diseases. And in nothing is the reputation and character of that venerable physician more justly esteemed than in the remarkable and rare openness of mind, which has enabled him to yield frankly, and without any false pride of authority, to the force of evidence, and to abandon successive positions which had become untenable, without thereby impairing in the least the regard that men have along paid to his mature and highly cultivated judgment on those subjects on which he is still an authority of the first class, whereon a lifetime of carefully cultivated experience entitles him to speak to us in language as lucid as are the ideas from which it springs.

You will observe, then, gentlemen, that professors and text-books are alike subject to one great cause of instability in the present day—the fluctuating and revolutionary state of the medical science and art. It is vain to dispute this fact, or to fight against it. The text-book must be rewritten, or completely revised, edition after edition, or it must perish. The professor's lectures must be freshly brought up, altered, amended, often completely remodelled almost from year to year, or they are naught. Now what is the great and abiding lesson from this, for you and for me; or rather, how can any one teacher, in any one session, so address you as to convey to you the most wholesome and most abiding kind of education in the practice of medicine? And the question is not at all here, how he is to establish the greatest reputation for himself; but how he is to do the greatest amount of practical good to you. The two objects may be more or less associated; but the latter is the one in which you are most directly interested at present.

I will assume, for a moment, and I think I may fairly assume, at this stage of your progress, as within the experience of all of you, that to learn a science or an art from the personal instruction of a living man is something very different from learning the same facts out of a book. In the book you have the facts, no doubt, and the arguments too; nay, you may have them much more fully and exhaustively than they can be presented by the living voice. But in every demonstrative and experimental science and art there is much that the average man cannot learn out of a book at all; and much that, even if he should have committed the whole book to a retentive memory, he had far better learn over again from experimental and personal teaching. If we could discover what is that subtle essence which gives the face and voice of a teacher of the right sort so much more power to impress truth of this kind than a book has, we should have mainly solved the problem of constructing a course of lectures in accordance with the wants of the present time.

Now, if you will think of it, I believe that you will find that the chief advantage that a living man has to you over a book is, that you have, or may have, a more living *faith* in him—i. e., that you have the means of testing his statements and submitting his doctrines to criticism and personal inquiry. Of course, you may be quite wrong; the professor may be wanting in knowledge himself, and so quite unworthy of your faith. But still, on the other hand, if he is a right-minded man, and tolerably sure of his ground, he will lay himself open to your inquiry and criticism, and if he is not sure of his ground he will tell you so, and make a clean breast of it. Now, when I turn to any of the commoner class of text-books there is nothing I am more struck by than this; that in the effort after completeness all kinds of supposed facts, and all kinds of theories, are jostled in somehow, *pell mell*; with the result that the anxious inquirer or reader is often greatly puzzled in trying to remember what is of the first, and what only of secondary importance. Let us say nothing, for the moment, of positive inaccuracies and errors. The great fault of almost all books, and of many lectures to the student is, in the wise words of Dr. Allen Thomson last autumn, that they attempt too much. They lose sight of the fact that a very little real knowledge is all that can profitably enter the human mind, and still more the average human mind, in a limited period of time. All that is over and above this is mere learning by rote; or, in other words, what is commonly though inelegantly called *cram*. And out of *cram*, though you may make a bookworm or a prodigy of learning, you cannot possibly evolve a physician, or even a really safe practitioner of the healing art. For you may take it as quite established by experience that you, students, let us say, of the third year, *cannot*, in one or two sessions, learn the whole art and mystery of the Practice of Medicine. All that you can possibly do is to learn well a few of the better-known and more clearly established facts and principles; and, what is most important of all, in mastering these thoroughly, you can so inform your minds as to render them fitting soil for the further teaching derived from experience, from reading, and from social and professional intercourse. In other words, in learning a few things well, you can teach yourselves, or be taught, how to learn many other things well by and by.

Now here, I think, is the special function of the professor, as compared with the book. He has not only to direct you *what* to learn, but he has to teach you *how* to learn. And, above all, he has to present himself to you in the attitude of one willing and able to learn himself—*naturæ minister et interpres*, as Lord Bacon has it. For, in a highly progressive science and art like medicine, the first duty of the teacher is to inform you that it is progressive, and this he can do best, or perhaps only, through his own personal example. He will teach you facts, not as closing the door, but rather as opening it to new facts; he will teach you principles, but not as fixed and unalterable dogmas. To quote Lord Bacon once more, he will deal much in the *axiomata media*, or provisional generalisations from facts already known; little in *first* principles, or speculative and abstract hypotheses as to the nature and causes of disease. Thus he will endeavour to imbue your minds vividly with what is least doubtful and most important, but along with this he will not forget that the first and last of lessons to a physician, or from a physician to students of disease, is, how and when to acknowledge ignorance and suspend judgment.....

View the matter as you will you cannot, in medical questions of life and death, avoid coming to some conclusion or other as a basis for action. The conclusion may be, and often ought to be, only provisional. The true and wise physician is he whose knowledge, derived from large experience and careful reasoning, enables him to appreciate at once, with the least amount of delay and disturbance, every important symptom and physical sign bearing on the interests of the patient; who, knowing as far as may be the state of every organ and part, within and without, and rapidly summing up in his mind all the available evidence as to the natural termination of similar cases, the probable causes, and the probable results of remedies, is able thus to arrive at a thoroughly *reasoned*, but not always *proved*, conclusion as to what ought to be done in this individual case.

Now, think of it for a moment. What is there that can give you a just confidence in action and in counsel (I do not mean blind rashness and foolhardiness, which are only too easily acquired by some) in cases like these, where the issues of life and death are, as it were, immediately before you, and your minds must grapple to a belief of some kind, were it only a provisional belief, fit to guide the mind to a course of conduct—i.e., to a course of action or inaction (as the case may be) which you can justify to your own conscience, and to the inquiries of others? Nothing less, nothing else than an instinct of the mind, which I will not hesitate to

call *faith*—the "evidence of things not seen"—which, in the case of medical faith at least, ought to be founded on knowledge as far as it goes, but which reaches beyond knowledge to a probable conclusion, and acts at once upon that. The difficulty is to preserve this power of acting on the best knowledge attainable, even though imperfect, and yet to keep the mind open to future enlightenment; and this it is which I called a moment ago the faculty of *suspense of judgment*.

Now, in the case of beginners in the art, all these various phases of belief and conviction, not to say knowledge—these complex varieties of mental attitude, so to speak, must be gone through many times over, and under the direct personal guidance of one who may be presumed, from previous knowledge and experience, to have passed through them all himself; one who can realise the difficulties of younger men in what must be to them a new field of observation, and of whom they can feel absolutely sure that he will tell them what he knows and believes frankly, but at the same time will never affect, like the charlatan or the dogmatist (for very often these are only two names for one and the same person), a knowledge that is not real, a belief that is not founded on some fair and reasonable sort of evidence. This, I need not tell you, is a kind of guidance that you can never, or only rarely and imperfectly, get in the pages of a book. It can only result from the living presence of a man. And such is the perversity of the human mind, so great its tendency to crystallise opinions into dogmas, that your first impression will always be that the views, opinions, or doctrines of the man are of more importance than the man himself; whereas the true living guidance depends entirely on the opposite presumption—viz., that the man himself is more to you than any of his dogmas. And hence it reasonably—nay, irresistibly—follows that in the just and true order of events your first exercise of medical faith must be faith in your guide; a faith not blind nor unreasoning, but founded, like all true faith, on evidence, and yet accompanied, as I said a moment ago, by suspense of judgment. How are you to acquire such a faith in any man in reference to the important questions which form the material of this course of lectures? Partly, perhaps, from what you know of his social and professional position, and from his being set over you as professor. But chiefly, I think, and far more really, by your actually and personally seeing him at work in his department, and by, some of you at least, working along with him.

Here we touch, I think, the very root of the matter. Systematic lectures, which are mere repetitions of a text-book, are not, indeed, wholly useless, but they never can rise above the usefulness of a text-book, any more than water can rise above its fountain-head. But systematic lectures that are informed by the spirit of a living man are valuable to you above a text-book, just in proportion as you have reason to have a living faith in that man, and in his ability to guide you aright. The territory of disease is, in a not inconsiderable part of it, an unknown territory; wholly so to some of you, largely so to all of you, to all of us. But there is a map of it, and we have to study it by the map. We cannot explore the whole of it for ourselves, nay, not even the millionth part of it, with the materials at our command. But the man who, being an actual explorer, and known to you as such, will sit down with you and discourse in a reasonable and perfectly frank manner about this unknown country; who will tell you what he has himself seen, and what he knows only by hearsay; who will anticipate your difficulties, and inform you in some detail what you have to look for in following this or that river course, threading this or that impenetrable forest or jungle, crossing this or that mountain pass, will always have a value for you above that of the mere book or map. And if he can explore even a little bit along with you, from day to day, or can so instruct others that the facts of the lectures come to be illustrated, and the methods of exploration shown forth, under his guidance, then the advantage you will derive from his map, and his explanation of it, will be immensely and indefinitely increased.....

AT the Annual Meeting of the Governors of the Royal Isle of Wight Infirmary, Ryde, it was announced that Miss Mulligan had offered to build and endow a Convalescent Home at a cost of £6000.

ON RINGWORM OF THE HEAD, AND ITS MANAGEMENT.

BY TILBURY FOX, M.D., F.R.C.P.,
PHYSICIAN TO THE DEPARTMENT FOR SKIN DISEASES IN UNIVERSITY COLLEGE HOSPITAL.

(*Concluded from p. 682.*)

THE TREATMENT OF RINGWORM.

THE degree of curability of ringworm varies greatly in different cases. It depends, in the first place, chiefly upon the age of the disease at the time it first comes under treatment. A vesicant sharply applied at the very beginning of an outbreak of ringworm mostly effectually destroys the disease. But in cases that have become chronic, the state of the constitution has very much to do with the matter. As I have before said, in thin and pallid children, the offspring more especially of delicate and consumptive parents, the disease is very obstinate, and it is in these instances that the beneficial effects of good diet, cod-liver oil, iron, fresh air, and the like, are visible. The avoidance of fat by children who get ringworm is remarkable in my experience, and affords a clue to the nature of the dietetic treatment needed. But further, there are some families in whom the fungus that produces ringworm seems to flourish with unwonted luxuriance, and without there being any very apparent reason, except perhaps the existence of a lymphatic temperament. In these cases, however, much the same internal treatment as that suggested for the class just referred to does good. But of all aids to the cure of ringworm, none in my estimation equals in value a mother or nurse intelligent enough to comprehend the object of the application of parasiticides, the good sense to carry out orders, and the patience to use the necessary remedies. Ringworm remedies are not properly used in nineteen out of every twenty cases. I always take a good deal of pains to impress upon those who carry out my directions the fact that to cure the disease these remedies must be got to the bottom of the follicles; that it is a very difficult matter to effect this, as the hairs effectually plug the hole into which we want the remedies to penetrate, and that the bottom of the hair-follicle reaches below the true skin itself; and such an explanation does certainly make a good impression, and sets mothers or nurses to work in earnest. I have already called attention to these points, but it will be useful to restate them generally here.

Before the actual treatment of ringworm is commenced there are certain preliminary steps of much importance to be taken. First of all, the extent of disease must be accurately ascertained, and measures taken for preventing the spread of the disease from one to other parts of the scalp, by the removal of the hair. Suppose the disease is recent, and there is only *one* patch, it will not be necessary to cut the hair off the scalp, because the patch can be sufficiently isolated by clipping the hair away for a distance of an inch or so beyond the edge of the actual diseased area; but if the ringworm has lasted some time, or there be other spots, however small, here and there about the scalp, the hair should be removed from the whole scalp. This is a disagreeable step to take, one against which mothers protest, but under the circumstances stated I am convinced it is a right one to insist upon, and should not be relinquished. There are two cogent reasons for the removal of the hair. Whilst it remains on the scalp—firstly, it is impossible to determine with certainty what is the real extent of the ringworm; and, secondly, it is most likely that the disease will spring up in the parts covered by hair unobserved, and so form fresh foci whence the disease may spread elsewhere. When the hair is off, the mere ablutions used will suffice to prevent the sowing of the conidia of the tinea fungus upon healthy parts. After the removal of the hair, the diseased surface will be recognised by its duller and greyish hue, its scaliness, and the dryness and lighter colour of the hair. The hair should be kept closely cut every two or three days, the scalp being carefully clipped with short scissors or shaved. I have no objection to shav-

ing beyond this, that if the scalp is excoriated by bad shaving, it becomes unusually sensitive to remedies, and thus prevents them from being used as vigorously as is desirable in severe and extensive cases. The question of cleansing the scalp may be referred to, as some difference of opinion exists about it. I direct the head to be washed with soap and water once a day. Of course a linen cap, with an extra velvet skull-cap, should be worn when the hair is cut; the latter, however, may be of any kind that fancy dictates, but it should be worn over a linen cap, which can be frequently scalded and cleansed.

I come now to the actual treatment, and shall have nothing to say of ringworm of the non-hairy parts, because that is readily cured by any parasiticide, as the disease is superficial.

At the onset of these remarks I referred to the necessity of rooting out every diseased hair. Now, in cases of kerion, the fifth clinical phase of ringworm to which I alluded, Nature readily effects this very thing by the peculiar follicular inflammation which occurs, and as a consequence of which each hair is found to have become loosened away from the follicular sheath and to be lying loose in the follicle. This kerion occurs idiopathically, but it is also caused among the poor by the use of "a popular remedy"—an ointment, as the poor say, "which I got from the chemist's." The ointment is the nitrate of mercury. Its action is to inflame each follicle, and the patch of ringworm becomes swollen, boggy, and as though about to suppurate. The hair lies loose in the follicle, and only requires to be taken away to effect a cure. The rest of the treatment consists in the use of mild astringents externally whilst the new hairs spring up gradually. Kerion, in fact, cures itself.

Now, I have tried to imitate this process, but I confess that I have rarely succeeded, even with the very best and freshest ointment made expressly for me. It is possible the rancid and old kind might be more successful, but as yet I have got no good result. It occurred to me that if I could excite suppuration of the follicles by some ointment, I should get the diseased hairs away rapidly, which would be preferable to getting rid of them bit by bit, and rubbing in parasiticides for weeks and months. I have not tried tartar emetic, but croton oil, oleate of mercury, and other things, though not with the results I wished to obtain. I think, however, this is a point worth attention.

Of course in very recent cases of ordinary character a good blistering cures the disease, and should always be had recourse to unless there be any very special objection. The ordinary blistering fluid or glacial acetic acid may be cautiously used, followed by a wet compress. An almost equally good remedy is Coster's paste, made by adding two drachms of iodine to one ounce of colourless oil of tar, a preparation of which good samples are difficult to obtain. This is painted over the spot on two or three several occasions at intervals of three or four days; sufficient time must be allowed to elapse between each application, in order that the scabs which form may be removed. Strong acetic acid is preferred by some, but whatever be employed, the important thing is to go over the surface after the blister has healed somewhat, and extract all diseased hairs, some of which will come away attached to the scabs.

In these more recent cases, and especially in such as I have described under Variation 1, one or two sharp blisterings, followed by the free use of a parasiticide ointment, of which I will mention particulars by-and-by, cure the disease. The chronic cases always give trouble.

I will clear the ground so as to leave the way open to deal, specially and at length, with ordinary cases of chronic ringworm, by referring at once to the *third* phase or variation of the disease, which I stated consists in the presence of little crops of pustules seated here and there, and having in their centres diseased hairs. In this phase all scabs should be removed, but by the practitioner himself, who should search for diseased hairs in the site of the pustules and extract them. The diseased hairs must be got away one by one, and the places treated with the ordinary white precipitate, or nitrate of mercury, or iodide of sulphur ointment, well rubbed in night and morning. If the diseased hairs are not extracted entire, it is a good plan to drop into the containing follicle a small quantity of blistering fluid. The affected follicles must be watched carefully, till all traces of bad hairs have been exterminated by repeated extraction and free infriction of parasitical remedies. The hunt for diseased hairs is a tedious affair, but it should be done if a good result is to be obtained.

In Variation 4 the infriction of some semi-vesicating parasiticide is needed, such as croton oil or strong acetic acid ointment, and an occasional blistering to hasten the loosening and expulsion of the more or less dead hairs, which is also to be assisted by epilation.

Now, as regards cases of chronic ringworm, which form the bulk of cases for which treatment is sought. These are such as need the preparatory measures before spoken of to be adopted in their fullest sense. All scabs and scales, if present, must be removed by washing or by soaking the scalp freely for several hours at a time in sulphurous acetic lotion, one part to four or six of water, after the hair has been removed. The next step consists in using remedies to directly destroy the parasite. Most authorities advise freely blistering the diseased surface, but not over too great an extent.

If the disease covers a wide area, blistering is out of the question; it is then thought best to blister one or two of the worst spots, or bits only at short intervals. Besides, the sensitiveness of children varies greatly, and some bear blistering badly. There is a great choice of vesicants, but I need only refer to four of these remedies: Bullen and Burt's blistering fluid, glacial acetic acid, the perchloride of mercury solution (twenty grains or more to an ounce of spirit), and Coster's paste. For small but decided spots of disease the perchloride solution is good; for large patches perhaps Bullen and Burt's blistering fluid is better. Suppose then a portion of diseased surface be blistered, what is the next step? To wait until the scabs begin to form, soothing the blistered part immediately after the application of the vesicant with poulticing, or the use of cold compresses if need be. When the scabs begin to form the sooner they are removed the better, by soaking the part in oil or by poulticing, plenty of grease being applied to the scabbed surface before the poultices. As the scabbing loosens, the pieces of scab are to be pulled or gently picked away, and then an attempt be made to get away as many of the diseased hairs as possible. In fact, the object of removing the scabs as speedily as possible is to get at the hairs, which have become more or less loosened in many cases by the inflammation, but which will be extracted with more difficulty if the parts are allowed to remain undisturbed for a longer time, whether blistering be employed or not. Those in charge of the affected are to be instructed to epilate over the space of one or two inches a day until the whole area of the diseased surface has been freed as much as is possible from hairs. A repetition of the epilation is to be made over the spots first operated upon as soon as possible, which, indeed, are to be epilated over and over again so long as diseased hairs make their appearance. This epilation, whether used in conjunction with blistering or not, is a thing we practitioners shirk. Medical men ought to do it themselves, if they have time; and if not, to carefully instruct someone to undertake it for them; and in that case, the nurse or mother should be set to work for at least an hour each day—unless the child be too sensitive or upset by it—to the business of epilation, so as to give the diseased hairs "no quarter." Some writers deprecate the practice of epilation in every possible way. It is because they have not fully and fairly practised it, or because it is a trouble to follow it. It is perfectly true that it is difficult to epilate effectually in some cases, and that very many hairs break away at the shaft, leaving the root part behind; but, nevertheless, a certain amount of bad hair is removed by the process of epilation, and this permits the parasiticides to act more effectually. Many bad hairs do, however, come away bodily. But during the intervals between the several blisterings of a particular spot, something else must be done. After the scabs have been removed, and until a few days more have elapsed, the blistering fluid cannot well be reapplied, because it would irritate too much. During this interval, then, it is a good plan to apply some tarry compound. I prefer the *huile de cade* (pyroligneous oil of juniper) with sulphur, in the proportion of three drachms of the latter, and three drachms of either of these oils, and one ounce of lard. The tars have some influence in loosening the hairs in the follicles, or, at least, of facilitating epilation. Thus blistering and epilation are recommended to be used together, and the blistering is to be repeated

twice or thrice, at intervals of a week or so, over all obstinate patches. If Coster's paste is used, it is to be reapplied every five or six days, the old paste which has caked on being removed as speedily as possible by the aid of greasing, picking, and free washing with soap and water.

The blistering just described may be discontinued as soon as a decided impression is made upon the diseased surface; that is, as soon as the growth of the diseased hairs has been fairly checked. Then epilation is still to be practised in connexion with the use of lotions and ointment of a less irritating kind, and which, at the same time, tend to destroy the fungus.

For my own part I do not employ blistering so freely as others. I think that it is quite inadmissible in delicate sensitive children in whom ringworm is severe; that it is very effective in cutting short the disease, in arresting the development of disease, or new spots as they crop up in already affected heads, and, not needing much, if any, repetition, does not "punish" the affected; and that in extensive cases, in whatever subject, it causes too much distress to be freely available in private practice; but that if the disease is limited to one or two spots, or particular spots become very obstinate and rebellious, to such it may with advantage be employed.

With regard to epilation no one could more strongly advocate it than myself in connexion with non-vesicating parasiticides.

The use of parasiticides (or the remedies destructive of the fungus) must always be a vigorous one. There are specifics in abundance for ringworm, from ink to gunpowder, but it must be remembered that it is an easy matter to obtain a cure in mild and slight cases with a multitude of remedies, which all alike fail in severe and chronic cases.

The cure in chief measure depends upon the pertinacity with which these remedies are handled. The practitioner does not apply them himself, and consequently in very many instances they are just dabbed on in the most superficial manner. I direct them to be well rubbed in for at least twenty minutes night and morning, and if possible with an old tooth brush or a swab of flannel. The number of parasiticides is legion. Medical men usually have their favourites. I give the compesition of my favourites. The following is one I like:—Sulphate of copper, twenty grains; oil of cade (ol. junip. pyrolig.), three drachms; sulphur, three drachms; ammonio-chloride of mercury, twenty grains; lard, one ounce: to be well mixed together. If this be found to cause much irritation it may be reduced in strength by the addition of a larger quantity of lard. Another prescription, which is useful in cases of very irritable scalp, is the following:—Oil of cade, sulphur, and tincture of iodine, of each three drachms; carbolic acid, twenty to forty grains; lard, one ounce. I add a third—a lotion—one I believe in common use at the Foundling Hospital and some other public schools:—Perchloride of mercury, six grains; tincture of cantharides, half an ounce; strong nitric acid, one drachm; distilled water to six ounces. Where it is desirable to avoid a mess, the lotion will be of course preferable to the two unguents above described.

Now in using these and other parasiticides, the object I have in view is to cause just as much irritation as will lead to almost or even slight suppuration of the follicles, inasmuch as this contributes to the loosening of the hairs therein, and is the test of the penetration of the remedies within the follicles towards the more deeply seated parasite. If these remedies do not induce any irritation, I very frequently rub for a few times on the scalp an ointment containing from four to six grains of perchloride of mercury with a drachm of acetic acid to an ounce of lard, where this and such-like medicaments can be borne without excessive discomfort. I would just add that more depends upon the persevering and effective application than the nature and character of remedies in the treatment of ringworm.

Then comes the all-important question—When is the disease well, and when may the remedies be discontinued? A diseased hair never recovers itself. To believe and act upon this, although it may not be an absolute fact, is the safest policy. Hence diminution in the number of diseased hairs and in their rate of growth is the only true proof of the disease getting better, and the total disappearance of the diseased hairs is alone the proof of cure. By this I mean the total disappearance of every black stumpy portion of hair, for oftentimes the only evidence of disease in cases verging on cure is the presence of small stumpy bits of hair in the follicles. When the bad hairs have vanished, and whilst they are vanishing, new silky, downy hairs of course begin to spring up, and when these entirely cover the hitherto diseased spot the malady may be pronounced well. In other words, when a formerly diseased patch is covered over with fine, downy, new hairs, and all vestiges of the texturally altered ones have disappeared, then a cure may be pronounced, and then only; and this point can only be determined by accurate and minute examination by a lens or the microscope.

And it is only under similar circumstances that a child can be pronounced to be incapable of conveying the disease by contagion. If I am called upon to decide whether a child is contagious as regards ringworm or convalescent from it, I decide entirely by the presence or absence of short broken-off hairs, or dark, thick, stumpy remains of hair shafts in the follicles, as seen by a powerful lens. If there are any of the latter I always consider the patient is not well, and that he bears about him a contagious disorder; and this is the only safe course to avoid relapses, to prevent parents and others from being misled in the matter. I should have said that in very chronic cases the scalp becomes very insensible to remedies from their long-continued application, and that in that case parasiticides must be used of increasing potency.

After ringworm the growth of the hair often remains a weak one for a while. In such a case the practitioner is asked for, or himself suggests, a remedy. Nothing is better than a mild, stimulating, cantharidine wash, applied with plenty of gentle friction, followed by a free brushing, so as to stimulate the scalp gently. One of the most effective applications I know is composed as follows:—Tincture of nux vomica, three drachms; distilled vinegar, two ounces and a half; tincture of capsicum, one drachm; tincture of lytta, six drachms; spirit of rosemary, one ounce; rose-water to make up six ounces. A most elegant and pleasant lotion is made by the addition of a little honey-water and some pleasant scent, and by careful mixing and filtration, to which Mr. R. Curtis a short time ago twice drew my attention, but I really forget the exact details. The lotion is an excellent one for general use to the hair; it is also a very effective one. The number of hair preparations is legion, and quackery is rampant in regard to them, but with this matter I can of course have nothing to say or do.

PREVENTIVE MEASURES.

I have yet to speak of the means which should be adopted to limit the spread of ringworm from one to another part of the same body, and also from infected to healthy subjects.

Absolute *cleanliness*, including free soap-and-water washing once or twice a day, and the *removal of the hair* from the affected parts, I have already insisted upon.

Isolation of the affected must be complete. I never admit of any compromise on this point.

Media capable of conveying the germs of disease from person to person, such as towels, brushes, combs, comforters, caps, hats, bed-linen even, and woollen clothes that come in contact with affected parts or regions, must not be used in common by the infected and the healthy.

Baths with hyposulphite of soda or hepar-sulphurics, may be given twice a week to children affected with body ringworm to any extent, but not to the exclusion of soap-and-water applications. Linen worn next the skin by the infected in body ringworm must not be sent to the same laundry as that of the healthy, but should be *boiled*, with or without carbolic acid, and washed separately.

The state of the body or scalp itself is of importance. I believe that the presence of greasy *applications*, even in the shape of pomade, is of use in preventing infection. This is not generally believed or acted upon. A dry state of scalp is favourable, and a greasy state of scalp is not favourable, to infection; hence I order greasy substances to be applied to all healthy heads likely or liable to be affected, twice a week at least. The following is a good and useful form:—Five grains of nitrous oxide and five grains of the ammonio-chloride of mercury, with some scent and an ounce of lard, to be used as a pomade. The heads of the healthy can be washed at least twice a week, and when the pomade is not used or is objected to, the following lotion,

which has a preventive action, may be employed, being sponged on once on each day or so:—Strong acetic acid, half an ounce; glycerine, two drachms; carbolic acid, half a drachm, or a little salicylic acid; rose-water to six ounces.

RINGWORM IN SCHOOLS AND PUBLIC INSTITUTIONS.

The general treatment of individual cases is, of course, the same in children in schools as in those in private; but the adoption of the precautionary measures first summarised is of tenfold more importance in public institutions and schools. Supposing an epidemic in a school breaks out (1) the first thing to be done is to institute a regular, minute, and careful examination of all heads, to detect the earliest and slightest trace of disease, and to at once completely isolate the infected if not sent away, and to let them have a separate attendant, and towels, brushes, &c. This isolation is the more necessary as it is probable that where large numbers of cases occur, the air is the medium of the dissemination of fungus particles given off from infected heads, from the diseased to the healthy. (2) The school generally must be placed under the best hygienic influences, especially in the way of careful ventilation; the general health state of the children must be examined, and the diet improved if need be. The children must not be given too limited a space to live in, nor too much confined indoors. The ablutionary measure, the regular greasing of the heads of the healthy with parasiticide applications, and other matters above referred to, must be enforced with the utmost precision.

But very important to my mind in large institutions is the adoption of separate laundry arrangements for the healthy and the infected, and the careful disinfection of the clothes of the latter.

LARYNGO-TRACHEOTOMY FOR REMOVAL OF A SHILLING FROM THE LARYNX.

WITH REMARKS.

BY JAMES F. WEST, F.R.C.S.,
SENIOR SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

HENRY G——, aged twenty-two, single, compositor, was admitted into the Queen's Hospital, Birmingham, July 10th, 1877, under Dr. Heslop. He stated that he always enjoyed excellent health up to March 1st in the present year. Has always been well fed, warmly clad, and temperate in his habits. His father and mother are alive and well, but the latter is subject to winter coughs; no history of syphilis.

On the 1st of March in this year, he stated, whilst "larking" with some shopmates he accidentally swallowed a shilling. This was instantly followed by total loss of voice, but there was no fit of coughing. He felt at the time a sense of suffocation. There was rawness of the throat, also a difficulty in swallowing, experienced for a month afterwards. At the time of the accident he went to an "operating chemist," who passed a probang, but could find nothing in the gullet. The patient attended the Wolverhampton Hospital for two months, but with slight relief. In a few days from the onset he felt a wheezing at the chest, and was troubled with a barking cough, together with dyspnœa. These symptoms were more urgent on exertion, or when he was lying in the recumbent position. He has occasionally felt a substance move in the windpipe. The cough has become more troublesome, accompanied with profuse expectoration (sometimes streaked with blood) of late. Before the accident he could lie on either side, but now he can lie only on the left. He is often aroused from his sleep by a sense of suffocation. The general health has been good throughout, but he has got much thinner of late. There has been slight dysphagia.

On admission, patient was fairly nourished; had a hollow barking cough; the voice was husky, and the breathing whistling in character, the least exertion bringing on an attack of dyspnœa; he complained of a sense of weight and pain at mid-sternum; was restless during sleep. The inspiration had a sonorous character, and the expiration was attended by a whistling sound; chest resonant; sonorous râles general over the chest; a whistling wavy murmur heard over the trachea, altered in pitch at different spots; heart-sounds normal; bowels regular; tongue clean. Temperature 98°; pulse 76; respiration 22. Urine: sp. gr. 1030; no albumen. Ordered a linctus; also an ounce mixture containing ten grains of bromide of potassium, and five grains of iodide of potassium three times a day.

July 12th.—The patient is more restless during sleep, but has had no signs of asphyxia or dyspnœa.

15th.—Passed a restless night, having had two rather severe attacks of coughing and dyspnœa, compelling him to sit up for half an hour afterwards. The expectoration is more profuse and mucous in character. The throat was carefully examined with the laryngoscope, and the vocal cords found normal. The mucous membrane was congested, and the back of the pharynx very irritable. No foreign body could be detected by a probang either in the pharynx or œsophagus.

16th.—After a consultation, in which Dr. Heslop, Dr. Carter, Mr. West, and Mr. F. Jordan took part, the patient was again examined with the laryngoscope, when Dr. Carter thought he could detect a foreign body in the larynx, on a line with the true vocal cords, and, to use his own words, "he believed he could make out the milling of a coin." Dr. Heslop and Mr. West, though unable to verify Dr. Carter's exact diagnosis, yet having no doubt, from the symptoms and from the history of the case, of the existence of a foreign body in the air-passage, decided on the advisability of an attempt being immediately made for its removal. The patient was now transferred to the charge of Mr. West.

At 11 A.M., the patient being under the influence of chloroform, Mr. West proceeded to explore the trachea as far as he could with his finger passed into the mouth, but not being able to reach the coin in that manner, he made an incision about three inches in length in the median line over the three upper rings of the trachea and the cricoid cartilage. After dissecting carefully down, the trachea was exposed, and the three upper rings were divided with a scalpel from below upwards. The finger was then introduced into the trachea, and the shilling could be felt embedded in the tissue adjacent to the left side of the cricoid. The tracheal wound was enlarged upwards, and, the cricoid cartilage being divided, the coin was seized with a pair of dressing forceps and extracted, some force being required to disengage it. A tracheotomy tube was inserted, and three superficial silver sutures were used to bring the edges of the incision together, one suture being placed above the tube, and two below. The patient was then placed in bed in a warm room, and a jet of steam was directed over the wound.—9 P.M.: Patient has been doing well all day. Pulse 92; respiration 20; temperature 98·8°. He has now and then coughed up a little blood and mucus, but the tube has been kept clear with a feather. The tube was taken out and cleansed and replaced. Ordered to take nothing but ice. To have at night a hypodermic injection of a quarter of a grain of morphia.

17th.—Pulse 116; respiration 24; temperature 101°. Patient has slept well during the night. He was sick at 2 A.M.; but there has been no coughing and no hæmorrhage. Tube taken out and cleaned at 8.30 A.M., and removed altogether at 11 A.M., two layers of antiseptic gauze being placed over the wound. He breathes with ease. There is no abnormal sound during respiration, as there was before the operation; and the patient says he has no longer the peculiar sensation of a foreign body in the larynx.

21st.—Since the last note the patient has been progressing favourably; pulse, respiration, and temperature are normal. The sutures were removed on the 20th. Bowels were open to-day, for the first time since the operation, after an enema of gruel and castor oil.

Aug. 8th.—The wound is now healed. Patient has done well since last note, and no unfavourable symptoms have occurred. Discharged, cured.

On the 22nd he wrote me: "I am happy to state that I can breathe and swallow without the slightest difficulty, and the wound has closed up very nicely indeed, only a scar remaining." On Oct. 10th, in another letter, he says: "I was never in better health than at the present time. I don't doubt for a moment that I was saved from certain death by the operation."

Remarks.—This case is instructive as showing the difficulty which attends the diagnosis of foreign bodies in the air-

passages, the necessity for prompt treatment when a diagnosis has been made, and the good result which attends such operative interference.

Many and various are the foreign substances which have found their way into the larynx, but coins especially have been from time immemorial the *irritamenta malorum*. The historical case of Sir Isambard Brunel, in which a half-sovereign had been lodged in the right bronchus for thirty days before tracheotomy was performed by Sir Benjamin Brodie, and in which sixteen days elapsed before the coin was expelled by the mouth after the patient had been inverted, and violently slapped on the back, is familiar to most surgeons.

Another similar case is recorded by Mr. H. Smith, in which a half-sovereign was also the source of trouble. The tipsy shoemaker, who was the subject of the accident, was relieved by laryngotomy, the coin being pushed into the mouth, and so ejected.

Since the time of Brunel advances have been made in this as in other departments of surgery, and the difficulties which beset Sir Benjamin Brodie in the management of his case, and which are graphically described in his works, did not operate either in Mr. H. Smith's or in my own case. Chloroform enabled us to overcome spasm of the laryngeal muscles, and so both to examine the patient and to perform the necessary operations on him without haste, and in that calm, deliberate manner, which should always characterise the proceedings of a surgeon; and the laryngoscope has furnished us with the means of absolutely detecting the presence of the foreign body if it be lodged within the larynx. In Mr. Smith's case Dr. Johnson saw the coin impacted between the vocal cords transversely, its reverse looking upwards.

I will not occupy space with an enumeration of the variety of other substances which have found their way into the larynx, either from without or within the body, but will just mention two cases in which tracheotomy tubes had themselves slipped into the trachea, as a caution as to the necessity of having well-made tracheotomy tubes, and of seeing that the tubes and shields are in order, and, if possible, made in one piece. These cases are recorded respectively by Mr. Holthouse[1] and by Dr. J. W. Ogle and Mr. H. Lee.[2] A second tracheotomy was required in each case.

The difficulty of diagnosis in cases of foreign bodies in the larynx is very great. In the first place, in children, to whom these accidents most often occur, one can rarely obtain from them any reliable account of the course the foreign body has taken. If it be large it has probably passed over the opening of the larynx and entered the œsophagus, and is producing suffocation by pressing on the trachea from behind; but if of small size, it has more likely passed into the larynx, and if it has, auscultation must help us to determine its situation if we cannot perceive it by means of the laryngoscope. If air does not enter one or other of the lungs, although there is no disease of that viscus, as evidenced by equal resonance on percussion, we know that the foreign body has fallen down into the trachea, and is blocking up one or other of the larger bronchi. The voice becoming altered, so as to be stridulous, and at times lost altogether, frequent convulsive cough, the recurrence of severe attacks of dyspnœa and occasional difficulty in deglutition, will help to indicate the existence of a foreign substance in the air-passages.

The patient will generally experience pain at a certain part of the larynx or trachea, and will be able to indicate the exact spot at which the substance is fixed. On this point, however, the patient's feelings are not always reliable, pain continuing often at the spot in which the foreign body once lodged for some time after it has either been expectorated or after it may have fallen down from it into the bifurcation of the trachea. Foreign bodies may remain a long time—even for years—in the air-passages without setting up much irritation, or they may lead to rupture of the pulmonary vesicles, and, as a consequence, to emphysema or even to pneumothorax, from the violent attacks of coughing which the patient suffers in the effort to dislodge them. On the other hand, they may remain fixed in some part of the bronchial tubes, and by their constant irritation lead to the formation of tubercle in the lungs. My patient from the first adhered to the statement that the foreign body was in the air-passage, and if he had been less certain, the manner in which the accident occurred, the immediate symptoms which supervened, and the subsequent history, would have strongly inclined one to think that there could be no doubt as to the accuracy of the patient's opinion.

(To be concluded.)

[1] THE LANCET, Jan. 27th, 1872.
[2] Med. Times and Gaz., Sept. 21st, 1872.

ON THE SUBCUTANEOUS INJECTION OF BONJEAN'S ERGOTINE IN UTERINE HÆMORRHAGE.

BY S. GROSE, F.R.C.S.

AMONGST the means enumerated in Barnes's Obstetric Operations for the arrest of post-partum hæmorrhage is ergot, and it is disposed of (second edition, p. 460) as untrustworthy. Without doubt such is generally the result in the worst cases of flooding when given in the usual way; and for the simple reason that the stomach is, like all the rest of the body, in a state of intense depression, and quite unable to absorb the remedy. Because the case is desperate, therefore the drug is inert; probably the less dangerous the case the more effective the styptic.

Believing ergot to be a most powerful hæmostatic, perhaps our most trustworthy, owing to its power of causing contraction of unstriped muscular fibre and of the capillaries generally, I have found by experience that Bonjean's ergotine is the most certainly reliable preparation of that drug when administered hypodermically. And when in such a standard work as that referred to above this mode of using it is not mentioned, it may be worth while to again bring before the profession the best mode of its administration; and one point in its favour is, that if it proves inactive, the perchloride of iron injection can still be resorted to. As this latter is admittedly dangerous, it is as well to first try other means which, if inefficacious, are harmless.

Of all classes of medicines, I suppose the hæmostatics give most frequent disappointment to practitioners. And yet hæmorrhage from almost any organ adds so gravely to the apprehensions of both patient and medical man that one would have hoped to find these medicines most handy and effective. But who has not been many times disappointed with gallic acid and lead salts, *et hoc genus omne*, in hæmoptysis, in typhoid, in hæmatemesis? In post-partum hæmorrhage, all such are considered so useless as to be practically abandoned; and yet these are the very cases where prompt and certain hæmostatic action is "a consummation to be devoutly desired."

On Christmas day, 1875, I was called to a lady in her fourth confinement, who was the subject of a moderate amount of transverse pelvic contraction, which always necessitated the use of the forceps, and who, as labour progressed, required to be chloroformed to restrain her state of frenzied excitement. Her second child had been stillborn. I gave two doses of chloral, which kept her fairly quiet till the pains became severe, and then chloroform as sparingly as possible, by Skinner's inhaler, when pains recurred. The labour was short, and a living child delivered with Barnes's long forceps. Then chloroform was omitted. In about five minutes the placenta came away entire; the binder was removed, and another preparing; she was gradually "coming to," and I felt the uterus through the abdomen well contracted. A few minutes elapsed, when I heard the terrifying sound of a large gush of blood on the floor. She was immediately put on her back, and I compressed the uterus firmly, squeezing out another enormous quantity of blood and clots. She had not quite recovered from the chloroform, was deadly pale, frothing at the lips, and hardly breathing. Getting a relative who was in attendance to keep up firm pressure on the womb by squeezing it in the hollows of her hands placed side by side, and the nurse to remove all pillows, put smelling salts occasionally under the nostrils, and flick the face with the corner of a towel dipped in cold water, I bared the patient's arm and injected subcutaneously fifteen minims of the undermentioned solution of Bonjeau's ergotine, which, with a hypodermic

syringe, is part of the furniture of my obstetric bag. In case the flooding should continue I prepared a perchloride of iron solution for injection into the uterus, and waited. Within five minutes the womb had firmly contracted, and danger had passed. She had milk given in teaspoonfuls when she had sufficiently recovered to swallow, and very small doses of brandy. Indeed, to my practice of allowing very little brandy in such cases I attribute the slight hæmorrhagic fever that followed, and the quick and satisfactory recovery. Here ergot could only have been used hypodermically, and I see no reason to doubt its entire efficacy.

In the chronic hæmorrhage frequently so troublesome after miscarriages I find ergotine, subcutaneously given, equally valuable. Lately I saw a poor woman who had miscarried with twins at seven months, and had been "losing" for between twenty and thirty days. She looked as bloodless as if no blood remained in her body. Astringents had been given lavishly, and with next to no benefit. Three days running I subcutaneously injected ten minims of my solution of ergotine, and the hæmorrhage ceased. Some time previously, in a somewhat similar case, the solution of the extract of ergot had proved effective, but only after taking the nauseous doses for some days.

The disadvantage of ergotine so given is the hard dark lump sometimes caused, which teases by itching, and is slow to disappear; but I have never seen it suppurate.

The solution I use is made by dissolving twenty-four grains of Bonjean's ergotine in one drachm each of rose-water and glycerine, and five minims of this equals two grains, a usual dose. The ergotine itself is very like Liebig's meat extract in consistence and smell, and the solution in water is apt to spoil, but the mixture described is perfectly stable for a long period.

P.S.—I had written the above when I read in THE LANCET a paper by Dr. Weir, where it is asked, "What are we to do in cases (hæmorrhagic) of emergency, and where delay is worse than dangerous? would the hypodermic injection of ergotine be so rapid and reliable in its action as to eclipse all other remedies?" My paper answers "Yes" as regards usual uterine hæmorrhages, and my experience in hæmoptysis and in the hæmorrhage from the bowels of typhoid is equally affirmative.

Melksham, Wilts.

A Mirror of HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASES OF MALPOSITION OF THIGH, AFTER HIP-JOINT DISEASE, TREATED BY ADAMS'S OPERATION.

(Under the care of Mr. BRYANT.)

LAST week, in the brief introductory notice to the reports of Mr. Bryant's cases of malposition of the thigh after hip-joint disease treated by operation, we inadvertently omitted reference to Mr. Lund's series of cases. This gentleman has, we believe, performed Adams's operation five times. A very interesting case was shown at the last meeting of the British Medical Association in Manchester, in which Mr. Lund had divided the necks of both femora for anchylosis in the straight position after rheumatic inflammation of the hip-joint. In this instance movement was obtained on both sides.

CASE 3. *Necrosis of right tibia; operation; anchylosis of left hip; subcutaneous section of neck of femur; relieved.*—(The following notes were taken by Mr. J. Poland.) Geo. J. A——, a carpenter's apprentice, aged sixteen, was admitted into Job ward on Nov. 1st, 1875. He was a delicate-looking boy, but had been very healthy until ten months previous to admission, when he slipped on some frozen snow and bruised his right leg over the ankle. He suffered a good deal at the time, and an abscess formed just above the inner malleolus, which was opened. Poultices were applied, and two sinuses appeared on the inner side of the leg, which discharged. Seven months after the accident a few small pieces of dead bone came away, and about the same time some bedsores formed on the back, and the boy was obliged to lie on his left side; this caused his leg to be drawn up and become stiff.

When admitted, the right leg was bent outwards out of the straight line, the head of the fibula was prominent, the lower half of the tibia enlarged and thickened, and dead bone could be felt through the sinuses on the inner side of the leg; the left thigh and knee were flexed almost at a right angle, and the muscles at the back of the thigh were tense and rigid; the thigh was fixed, abducted, and rotated outwards; the pelvis was rotated to the left; there were three scars of bedsores over the sacrum, tuber ischii, and great trochanter of the left side.

Nov. 2nd.—Steel wine and cod-liver oil were ordered.

5th.—Being placed under the influence of chloroform, an incision was made four inches and a half long through the three sinuses on the inner side of the right tibia, and a flat concave shell of bone, an inch and a half long by an inch broad, was removed from the lower part of the wound. Some new bone was chiselled away, and a few other small pieces of dead bone were removed. The edges of the wound, which were gaping a good deal, exposing the bone, were brought a little together by strapping.

8th.—The wound looked well. Terebene was applied.

12th.—Granulations appearing rapidly.

23rd.—Chloroform having been administered, a small incision, half an inch long, was made with a long tenotomy knife above the great trochanter of the left side, through the soft parts, down to the neck of the bone, and then with a saw the neck of the femur was cut through, and the thigh straightened. The sartorius muscle was divided at the anterior superior spine subcutaneously, and the small wounds were covered with a pad of lint. A larger outside splint, with foot and cross-piece, was applied, and a morphia injection given which eased the pain, but he was a little sick after the operation.

26th.—The patient had complained of a good deal of pain in his back, which prevented him sleeping. The wound on the right leg was very healthy, and was rapidly filling up. A small piece of bone, a quarter of an inch long, came away from a small sore at the lower end and inner side of the wound.

29th.—The pain in the back had become much less, and there was very little in thigh. The wound on the right leg had almost healed, and there was no discharge from the wound at the back of the left hip. Temperature 98·8°.

Dec. 7th.—The boy had been progressing favourably, and the wounds looked healthy.

23rd.—A small piece of bone was taken from the wound in the tibia at about the lowest part; the bone was rugged and V-shaped.

29th.—Two other small pieces of bone were extracted from the same place.

Jan. 1st, 1876.—The wound was much better.

11th.—A gum-and-starch bandage was put on. There was an inch shortening. The anchylosis was much better. The femur and pelvis were at an angle of 175°.

Feb. 10th.—He was sent down to Bognor. There was still a little discharge from the right leg.

When at Bognor the wound over the tibia completely closed. He could walk well, the parts about the hip having firmly consolidated.

BETHLEM ROYAL HOSPITAL.

CASE OF MANIA WITH EXOPHTHALMIC GOITRE.

(Under the care of Dr. W. RHYS WILLIAMS.)

FOR the notes of this case we are indebted to Dr. Savage.

C. S——, single, twenty-eight, female artist. Some of her relatives have been nervous, and one female relative is in Bethlem. No known cause for this attack. She had been sober in habits, cheerful, and generally healthy. The first symptoms were incoherence, ten weeks before admission.

The patient became more and more incoherent, noisy, and untidy, and at the same time the thyroid gland was noticed to be large and the eyes prominent. One sister has also very prominent eyeballs and some goitre.

On admission she was fairly nourished, talking noisily and in a rambling way, gesticulating violently, laughing noisily and senselessly; she had been negligent about her dress, and had gone about the house in her night-dress, dancing and singing; she fancied she was an actress. She was very destructive, and tore up all her clothes; was sleepless and more noisy at night; she ate well, but was disgusting in her feeding; she complained of palpitation of the heart. It was difficult to get a pulse-tracing, but this appeared normal, the pulse being rapid, soft, and compressible.

She was treated with tonics and also with belladonna. The pupils were widely dilated from the first, and she complained of weak sight. The optic discs were pale, but there was no marked atrophy, and the vessels seemed rather full, but normal. Solution of ergot was given, but it did not produce any good result. The excitement continued as much as ever, and the patient's habits became intensely disgusting; she not only smeared fæces over every part of her body and her room every night, but also actually ate them.

Two months after admission she took to pulling her hair off, and it had consequently to be cut short. About ten weeks after admission she was seized with violent vomiting and purging, and rapidly lost flesh. Pulse 135; respiration 40; temperature (in axilla) 98°. The eyes became more prominent; the thyroid also enlarged; the pupils were smaller and unequal. Palpitation was distressing, and a rough systolic murmur existed, most audible at base, not audible at apex, as well as a soft systolic audible at base of neck. The patient was more quiet, but little less insane. No astringent seemed to have any effect on the diarrhœa. The vomiting, however, ceased. The second day after the onset of diarrhœa she became dull and sleepy and could hardly be roused. Pulse 140; respiration 50; temperature 100°. Vomiting less; purging constant. No rash of any kind. Next day she was weaker, but more sensible, and recognised her father. She gradually sank, the temperature falling before death.

On post-mortem examination the pia mater was finely injected, but no naked-eye changes were visible in any part of the brain. Some slight excess of fluid in ventricles. Brain weighed forty-four ounces and a half. Slight early atheromatous changes in aorta. Other organs fairly healthy, save that both suprarenal bodies were soft and disintegrating; there was no deposit in them, but they were soft and diffluent. Peyer's patches were congested and raised, but no ulcerations were visible. To the naked eye the cervical ganglia of sympathetic were normal, and after hardening in spirit were found typically healthy.

Remarks by Dr. RHYS WILLIAMS.—The above case is of interest in many respects. We have already a history of neurosis in the family, and exophthalmos may be a neurosis sometimes. On the other hand, the exophthalmos may have acted in quite a different way. Anyone can understand the moral effects of a disfigurement gradually increasing in a young woman of artistic training; this persistent cause of worry, acting on a predisposed subject, might have been enough alone to produce insanity. Another cause to be noted is the palpitation. We know the nourishment of the brain depends much on the regular action of the heart, and that if this be impeded we may have various signs of irregular or insufficient supply, producing melancholia of mitral disease or occasional excitement of aortic. The rapidly fatal results after the purging and vomiting are noteworthy. At first we thought the fæces-eating might have caused this, or some other error in diet, such as are common among the insane, but on referring to other cases we found diarrhœa a rather common sequel. Mr. Howse showed at the Pathological Society the intestines of a case in which there was marked congestion passing on to ulceration. I have seen altogether three or four cases in Bethlem with prominent eyeballs and enlarged thyroids, but their symptoms have varied greatly, one being dull and melancholic, whilst another was noisy and maniacal. We are brought no nearer the pathology of the disease, but it is of interest to have the negative fact that in this case the sympathetic of the neck was perfectly normal.

NEWCASTLE-ON-TYNE INFIRMARY.

REMARKABLE CASE OF HYPERTROPHY OF LEFT LEG; LIGATURE OF EXTERNAL ILIAC ARTERY; DIMINUTION IN GIRTH OF AFFECTED LIMB.

(Under the care of Dr. HEATH.)

For the notes of the following interesting case we are indebted to Mr. Hugh T. Bowman, dresser.

Jacob V——, aged six, a Jew, residing in Newcastle, was admitted July 26th, 1877, suffering from hypertrophy of left leg. The history given by patient's father was obscure. When two years old the patient had an accident to the leg, the nature of which was unknown, and which did not confine him to bed, but from that time the left leg had begun to grow much larger than the right. No history of infantile paralysis could be elicited, and there were no signs of congenital syphilis.

On admission, the left leg was painful when handled, but this ceased after a few days' rest. The left leg was obviously much larger than the right, the measurements being as follows:—On the right side, from the anterior superior iliac spine to the inner malleolus, 20 in.; length between corresponding points of the left limb, 2$\frac{2}{4}$ in.; girth midway between right knee and ankle 6$\frac{1}{2}$ in., left 8$\frac{1}{2}$ in.; round the right knee 8$\frac{1}{2}$ in., left 9$\frac{3}{4}$ in.; round right midthigh 8$\frac{1}{2}$ in., left 12$\frac{1}{2}$ in. The skin of the hypertrophied limb was darker, rougher, and drier, and the hair covering it was longer, more abundant, and of deeper colour, than that of the sound leg. The temperature in both was equal—namely 103°; this however, soon fell to normal. Sensation and reflex action were normal, and equally well marked in both legs. There was no evidence of old fracture or dislocation. A loud systolic murmur was heard at both apex and base of heart, and a purring thrill was both felt and heard over each femoral artery. The limb was firmly bandaged from toes to loins, but with little effect; Dr. Heath therefore decided to ligature the external iliac artery.

On 17th August, the patient being under chloroform, Dr. Heath, after making the usual incision, tied the external iliac artery with the strongest prepared catgut (Lister's). A drainage-tube was inserted and the edges of the wound brought together with sutures of carbolised silk. The wound was then dressed with prepared gauze. The whole of the operation was done under the antiseptic spray.

18th.—Dressed; doing well. The foot was quite warm. No pulsation in left femoral artery.

19th.—Dressed; healing by first intention. Limb the same temperature as sound one.

The wound was dressed again next day. After this it was dressed every alternate day. The tube and sutures were withdrawn on the 4th September. On September 6th antiseptic dressings were discontinued, and the wound was dressed with boracic ointment and lint. It was completely healed on the 9th September. During the whole course of treatment there was no untoward symptom, the temperature never rising above 99°.

On the 15th September the girth of the hypertrophied leg, midway between ankle and knee, was 7$\frac{1}{4}$ in.; round the knee, 9$\frac{1}{4}$ in.; round midthigh, 11$\frac{1}{4}$ in.: showing a diminution of one inch in the fleshy parts. The length was the same as when first measured. The cardiac murmur was still present, but not so strong as at first; that over right femoral had disappeared. Under Poupart's ligament, and in the upper part of Scarpa's triangle, the left femoral was obliterated; whilst over the course of the gluteal and ascending branch of the external circumflex a loud murmur (louder than the cardiac) was distinctly heard, showing that this anastomosis was one of the chief means of establishing the collateral circulation.

HULL INFIRMARY.

CASE OF CHRONIC SPINAL MENINGITIS AFTER A FALL; IMPROVEMENT.

(Under the care of Dr. G. F. ELLIOTT.)

THE following is a very good example of traumatic spinal meningitis, and affords encouraging evidence of the value of proper treatment if persisted in.

W. S——, aged twenty-two, in May, 1875, while climbing a tree, lost his hold and fell, striking in his descent a

branch which was about six feet from the ground. The blow was received on the spine about the region of the first dorsal vertebra. He immediately rose from the ground, and walked about one hundred yards, but feeling very great pain between the shoulders and tingling down his arms, he sat down for a couple of hours expecting that this feeling would pass off. A cart was sent to fetch him, to which he was obliged to walk another hundred yards; on reaching it he again sat down on a bench, and immediately found that he was losing the use of his legs. He was taken home and put to bed, where he remained for eight months. For the first six weeks a catheter had to be used, but power over the bladder was gradually regained. A week after the accident the legs began "to start and jump," gradually coming into the position about to be described. He was admitted into the Hull Infirmary in December, 1875, when his condition was almost exactly like that of a case of spinal meningitis depicted in the work of Dr. Hammond, of New York, on "Diseases of the Nervous System," except that in the present case the upper extremities were unaffected. The man was able to use his arms, but was otherwise helpless, being unable to raise himself in the bed, and when assisted up he remained in a crouching position with the knees close to the chest. The legs were flexed upon the thighs, the tendons of the hamstring muscles felt as rigid as pieces of wood, and the adductor muscles were also much affected, so that there was a tendency of the thighs to cross. There was no anæsthesia after his admission, nor loss of power over the bladder. Reflex irritability was increased if the limbs were partially relaxed or forcibly drawn away a little from the body; stimulation of the peripheral nerves by the mere passage of the finger over any part of the limbs would cause them to be immediately drawn up into their former flexed condition.

Remarks.—It will be observed that, after falling, the patient immediately got up and walked about one hundred yards. He then sat down for a couple of hours, and afterwards walked another hundred yards, not feeling the loss of power in his limbs until after the lapse of this time. This seems to suggest the probability that, as a result of the blow received on the spine, rupture of a vessel or vessels may have taken place on the surface of the cord, and that the subsequent temporary symptoms of compression of that organ were due to hæmorrhage. At a later period, his symptoms corresponded to inflammation of the membranes, distinguished from myelitis, or inflammation of the cord itself, by the tetanic condition of the muscles and the absence of anæsthesia; diagnostic points of less certainty being the retention of power over the bladder and the absence of any tendency to bedsores. This patient was treated in the first instance by extract of belladonna, given in increasing doses until he had been kept steadily under its influence for some time; he afterwards took liquid extract of ergot, and had repeated blisters on either side of the spine; finally he had the solution of perchloride of mercury with iodide of potassium. His improvement, though slow, was progressive, and he was discharged from the hospital eight months after his admission and about sixteen after the occurrence of the accident. At present, when he walks, the toes are inclined inwards, and have a decided tendency to trail, but he gets about comfortably with the aid of a stick, and is enabled to earn his livelihood at his trade, which, fortunately for him, is not a very laborious one, being that of a French polisher.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Aneurism of Aorta, Innominate, Subclavian, and Carotid Arteries, treated by Double Distal Ligature.

THE ordinary meeting of this Society was held on the 13th inst., Dr. Charles West, President, in the chair. The evening was mainly occupied with an important surgical paper contributed by Mr. Barwell upon a case of aortic and innominate aneurism treated by ligature of the subclavian and carotid vessels. The operation was performed antiseptically, catgut ligatures being employed, and dietetic treatment also carried out, the result being perfectly successful; the patient was shown to the Society. Two other patients were also shown. One was a case of hypospadias, successfully operated on by Mr. John Wood. The other was a case in which Mr. Morrant Baker had removed an extensive hairy mole from the forehead by means of excision and caustics with very satisfactory result. The paper describing this case will be read at the next meeting of the Society.

The following is an abstract of the paper on a case of Aneurism of the Aorta, Innominate, Subclavian, and Carotid Arteries, treated successfully by ligature of the two last vessels, by RICHARD BARWELL, F.R.C.S. R. W——, aged forty-five, was admitted into Charing-cross Hospital under the care of Dr. Pollock, July 24th, 1877, with a large aneurism at the right root of the neck. The man has served both in India and the Crimea, and is now a labourer in a foundry (the work requiring strenuous efforts). He has not had syphilis; the family history is remarkably healthy. In November, 1876, he had vomiting and purging after a drinking bout, followed by rheumatoid pains in shoulders and limbs; these disappeared after a time, but not from the right arm. He first noticed a swelling on the neck during March, 1877; his right arm became weaker and was occasionally numb The tumour is oval, just above the right clavicle, it stretches from beneath the inner margin of the left nearly to the outer margin of the right sterno-mastoid, and upward to the lower margin of the thyroid cartilage; its projection is considerable, and its strong pulsation characteristically expansile. Dulness prevails from the inner third of the clavicle over the first intercostal space and second rib, and mingles with the cardiac dulness; over this space pulsation may be felt. The heart is displaced to the left, its apex beating fully half an inch outside the nipple line; strong epigastric pulsation would indicate some cardiac displacement downward. The veins of the right side of the neck and chest, and of the arm, are greatly distended. No bruit at the heart or over the tumour, and there is no perceptible difference between the two radial pulses. Dr. Pollock treated the case with rest, low diet, digitalis, and ice-bags to the tumour, but the aneurism increased. Deligation was then proposed, but the patient, after consideration, declined, and left the hospital. However, he returned under Mr. Barwell's care on the 13th August, desiring to have the operation performed. In the meantime, the cervical tumour had much increased, and was more prominent; it measured horizontally between the limits of pulsation, by compass, 4½ inches, by tape just over 6 inches; perpendicularly it extended from the clavicle to above the middle of the thyroid cartilage, measuring by compass 3 inches, by tape 3¾ inches; the thoracic dulness and pulsation reached as far as the middle of the clavicle; the displacement of the heart seemed rather greater; he had a cough, with very little laryngeal sound, and breathing and circulation were much embarrassed.—14th: The operation was performed first on the carotid. A peculiarity of a greatly enlarged superior thyroid, simulating prolongation of the sac upward, necessitated great caution until the source of the abnormal pulsation was revealed, only just room enough being found to pass a ligature round the common carotid between the aneurism and the bifurcation. The subclavian artery was then reached with remarkably little bleeding, and a ligature passed round it, pressure on the hollow of the needle obliterating the radial pulse. In disengaging the catgut a vein above the brachial plexus, either the posterior scapular or a smaller but distended vein, was ruptured; its deep position, and the filling of the cup-like wound with blood, rendered its ligation difficult and doubtful. Rather than attempt this, Mr. Barwell did not wait to verify the isolation of the artery, but knotted the catgut loosely, stuffed the wound firmly with antiseptic gauze, and let the patient be carried to bed, the radial pulse still beating. The next day Mr. Barwell removed the gauze, traced down the ligature, which included with the artery a nerve of the plexus; this loose ligature was left in place, and a fresh one was passed and tied. These operations—carotid and subclavian—were performed antiseptically. No immediate change in the tumour

BEST COPY AVAILABLE

was perceptible. Low (milk) diet was ordered.—15th: The breathing and circulation greatly relieved; temperature normal.—23rd: Cervical tumour harder; transverse measurement by compass 3¾ in., by tape 4½ in. Thoracic pulsation barely perceptible.—25th: A very dry diet substituted.—26th: Slight pulsation, probably collateral, in radial.—28th: Patient suffers much from thirst. Heart-action excited; pulse 102; temperature irregular; radial pulsation disappeared.—28th: Tumour measures by compass 3¾ in., by tape 5½ in.—Sept. 3rd: The hospital No. 3 diet (fairly nutritious), and one pint of beer daily.—5th: Temperature and pulse still high and irregular. Tumour harder; measurement by compass 3½ in., by tape 4½ in.—8th: Compass 2¾ in., tape 3¼ in.—9th: Compass 2¼ in., tape 2¾ in.—10th: Compass 2¼ in., tape 2½ in.—On the 9th there was some arteritis of vessels in the arm; on the same day the temperature went down to 96°, and has since been normal. A like attack recurred on the 23rd of September.—Oct. 21st: Since the rapid diminution in the size of the tumour commenced, the man has gone on uninterruptedly well. A firm solid tumour lies behind the sterno-clavicular joint, with pulsation communicated from the aorta; it feels about the size of a cob-nut. No thoracic pulsation. Dulness extends about half an inch outside manubrium sterni. The whole aneurism is consolidated.—*Remarks* (abbreviated): The aneurism involved, without doubt, the aorta, innominate, subclavian, and carotid, and was not far from bursting. The operation relieved immediately the oppression of circulation and breathing, showing diminution of the thoracic, while the cervical part of the aneurism responded more slowly. Mr. Barwell considers the system of diet produced a very coagulating tendency in the blood. The whole of the subclavian is obliterated, as there is still no radial pulse. The practical proof of the theory, that aneurism of the innominate may be treated by double distal ligature, has, as yet, been wanting (Mr. Heath's well-known case proved to be aortic only). Six such operations have been performed. Of these, two proved fatal on the sixth day, one on the fifty-fifth, one on the sixty-fifth day; two, receiving no benefit, lived some weeks. This case furnishes the practical proof that, not only innominate aneurism, but aneurism of that vessel, and of aorta, subclavian, and carotid, are amenable to the double distal ligature. Also, we may deduce from it, what Mr. Heath's case has already proved, that aneurism of the first part of the aorta may be cured by this operation.

Mr. MACNAMARA inquired whether the catgut ligatures employed were cut short at the time of the operation or not.—Dr. SILVER, who had seen the patient when first admitted into the hospital, could testify to the immense improvement effected by the operation. At that time there was, as seen by the photographs which had been handed round, an enormous tumour at the root of the neck, springing from behind the right clavicle. It was evident that the innominate artery was involved, and probably also the aorta. But Dr. Silver could not positively say whether the carotid was implicated or not. He doubted its implication because some years ago he had under observation for a long time a female patient with a pulsating tumour, extending from the manubrium sterni to the level of the thyroid body, for which operative interference had been proposed by two eminent surgeons. The patient dying ultimately from some intercurrent disease in no way connected with the tumour, Dr. Silver was enabled to ascertain the precise condition. He found then an unusually tortuous innominate artery, which ascended into the neck, and then bent downwards on itself. In that case, as in this, it was very difficult to say during life whether the carotid were involved or not. In the present case the essential part of the swelling was evidently due to dilatation of the innominate. Looking at the case now, he ventured to think that a complete cure had not yet been effected; there still remained a certain amount of pulsation and swelling which ought not to be there, and possibly with due care this would disappear in time.—Mr. JOHN WOOD congratulated Mr. Barwell upon the successful issue of the case, and would confirm his statement as to the advantage to be derived from diet in such cases. He had long been in the habit of enforcing a non-liquid diet, believing it to predispose the blood to coagulation, and thus to put the patient under the best condition for effecting the natural cure of the aneurism. At the present time he had under his care a case of external iliac aneurism which had been treated by electrolysis and a diet the fluid portions of which consisted solely of rich soup and milk, at the same time debarring stimulants, and keeping the patient in the recumbent position. No digitalis was given, tonics, as iron, quinine, and mineral acids, being the only medicinal treatment. Like Dr. Silver, he was not quite sure that the aneurism was completely cured in Mr. Barwell's case. In Mr. Heath's case it would be remembered that after a period of retraction there was another period in which the tumour increased in size. At the same time the improvement was very great, and the case might well go on to perfect cure. He could not say how far the good result was owing to the operative interference and how far to the restriction of diet. The case had certainly done well under the antiseptic precautions used and the catgut ligature, but the artery was probably free from disease, and, looking to past experience, there was no reason why the ordinary ligature would not have answered as well. Mr. Wood concluded by saying that the case was well worthy to be brought before the Society, and he was very glad of the opportunity of seeing the patient.—Dr. BARCLAY confirmed Mr. Wood's statement as to the advantages to be derived from restricted diet in the treatment of aneurism, but much depended upon the patient being able to undergo the treatment. A short time ago he had pursued the dietetic treatment strictly in a somewhat similar case to Mr. Barwell's. No stimulants were allowed, and Dr. Barclay advised the patient to drink as little as possible, and to eat as much as he could. Considerable benefit accrued; a certain amount of coagulation no doubt took place, although a double murmur was still audible when the case left the hospital. That patient was content to take complete rest, and, his digestion being good, everything was in favour of the pursuance of this line of treatment. Unfortunately it was not every patient who could submit to the treatment, and in some cases he had been obliged to give it up.—Dr. ALTHAUS inquired whether the operation of ligature of the subclavian and carotid in this case was followed by any disturbance in the nervous system, cerebral or as affecting the nutrition of the limb. He gathered from the patient that for some weeks his right arm was paralysed.—Dr. DOUGLAS POWELL agreed with Dr. Barclay as to the temperament of the patient being a main element in carrying out the treatment of aneurism by rest and diet. A patient recently under his care for eleven or twelve weeks in the hospital, who was amenable to this treatment, was undoubtedly benefited by it. In such cases much could be done; although the heart may get feeble and the patient anæmic, yet he feels the benefit of the treatment after he gets up. He asked Mr. Barwell whether any sphygmographic tracings were taken in his case, for seeing that we do not yet know the full value of the sphygmograph in the diagnosis of aneurism, it was very desirable that all the cases operated on should be observed with that instrument. He also inquired whether the aneurism caused any pressure-symptoms; was there any bulging of the sterno-clavicular circulation, or any signs pointing to erosion of the bones or cartilages?—Mr. BARWELL, in reply, pointed out that before the patient came under his care he had already been subjected to rest and to medical treatment, and he could not think that anything but surgical interference would have saved the man's life. At the same time, he valued highly the treatment by diet—too much neglected by surgeons—as an adjuvant to the production of that coagulation in the sac which it was the object of the surgical operation to induce. At the time of the operation he felt what appeared to be a bulging of the carotid artery, and the height to which the tumour extended in the neck also pointed to the carotid being involved. As to the present condition of the patient, he admitted that there was a tumour which ought not to be there; but he maintained it was no larger than might be expected from the complete coagulation of the aneurismal contents, and it would require a very careful examination to make out that there was anything more now. The very great diminution in size of the tumour could only be accounted for on the view of its complete consolidation. He hoped to keep the case in view, and it was quite possible that, just as in Mr. Heath's case, where the operation resulted in perfect cure, rupture might take place from further extension of the aneurism at some later date. In Mr. Heath's case four years elapsed between the date of operation and death. The only nervous symptoms following the ligature

were a dull sensation and tingling in the arm, with slight paresis, but these were transient. No sphygmographic tracings were taken. The ligatures were cut short and left in the wound, and he must say that the rapidity with which the wound healed and the rarity with which secondary hæmorrhage followed were strong points in favour of the use of catgut. He tied the ligature securely with a single knot, and did not cut it too close. Mr. Barwell added that on the 8th inst. he had tied the left carotid for aneurism of the transverse aorta, using antiseptic precautions, as in the present case. When the wound was dressed on the 12th it was found to be united except at one point where a drainage tube was inserted. This had been removed, and by that time it was likely that union was complete. The case was doing well, and, as in the present one, there was no febrile reaction.

The Society then adjourned.

CLINICAL SOCIETY OF LONDON.

Urethral Calculus.—Unilateral Injury to the Spinal Cord.—Left Hemiplegia and Hemianæsthesia, associated with Loss of Speech.

AT the meeting of this Society on the 9th inst., the chair was occupied by the President, Mr. G. Callender, F.R.S. After two brief cases of urethral calculus had been read by Messrs. Bellamy and Sydney Jones respectively, a valuable contribution to the physiology of the spinal cord was made by Dr. Gowers in his observations of the effects produced by a gunshot injury of one-half of the spinal cord in the cervical region. An argument against the position taken up by Dr. Brown-Séquard against localisation of cerebral functions was afforded by Dr. Broadbent in an interesting case of left hemiplegia associated with loss of speech. The precise nature and seat of the lesion in this case remain still matters of surmise, recovery having ensued.

Mr. BELLAMY read notes of 2 cases of unusually large Urethral Calculus. The calculus, which was in two fragments, was lodged in a pouch communicating by a small aperture with the penile urethra, in front of the scrotum, where it formed a tumour the size of a pigeon's egg. The patient was forty years of age, had never passed gravel, or been the subject of vesical calculus. Mr. Bellamy removed it by means of a straight longitudinal incision through the integument, and the wound rapidly healed. Each fragment had one facetted surface, was irregular, and exhibited concentric layers of phosphatic deposit, but no nucleus was discovered. Either it had been originally one calculus, which had spontaneously fractured, or else it was originally two calculi which, in consequence of constant attrition, never became united. It had caused no inconvenience, and when the patient was first seen the tumour looked like a third testis; the surface was highly inflamed, and movement could be obtained between the two masses. The points of interest were the remarkably small opening of the sac into the urethra, and the rapid recovery without formation of a penile fistula.

Mr. SYDNEY JONES also contributed notes of a case of Urethral Calculus. The patient, sent to hospital as a case of stricture, had suffered from difficulty in micturition for two years, and there was some history of his having passed a calculus previous to that date. On passing an instrument the calculus was detected, lodged near the bulb of the urethra, and per rectum it could be felt to be of the size of a small chesnut. It being impossible to extract it through the urethra, Mr. Jones removed it through an incision in the perineum, closing the wound by deep and superficial sutures. A catheter was retained in for a week, and the sutures remained in four or five days. Mr. C. Stewart reported that the calculus weighed 153 grains, had a small nucleus of oxalate of lime, around which were layers of fusible calculus and triple phosphate interspersed with thin dark lines of the oxalate.

Mr. CHRISTOPHER HEATH referred to a case which he had recorded in the Pathological Transactions, vol. xi. The stone was of large size and was lying in the urethra, and was in some way connected with a previous operation of lithotomy. There was no difficulty in the diagnosis of the calculus, which he removed by an incision in the median line. The smallness of the opening into the urethra of the cyst investing the calculus was a curious feature of Mr. Bellamy's case. Could it have originated in a phlebolith, and subsequently increased in size?—Mr. TEEVAN advocated the subcutaneous method for the removal of these calculi, no fistula being formed after such an operation. When it was necessary to push the calculi back into the bladder, he advised the use of a large wax bougie, the end of which moulded itself to the convexity of the calculus, and thus facilitated the procedure.—Mr. BARWELL remarked that Mr. Bellamy's patient had had a stone removed from the same place before, and he would suggest that the present calculus was formed in a cul-de-sac outside the urethra from the commencement.—Mr. BELLAMY was inclined to accept the explanation suggested by Mr. Heath.—Mr. SYDNEY JONES, in reply to the President, said that the "deep" sutures were made to take in the urethral mucous membrane. Might not some of these calculi be formed in connexion with cysts in the urethra? Gross mentions such formations, and their being composed of lithic acid. The same author states that the largest on record of such calculi weighed 22 oz.

Dr. GOWERS brought forward a case of Unilateral Gunshot Injury to the Spinal Cord. The patient, who had been in University College Hospital, under the care of Mr. Heath, had fired a pistol into his mouth, and died sixty hours afterwards. The bullet had passed through the body of the second cervical vertebra, and had lodged between the arches of the atlas and axis on the right side. It had not penetrated the dura mater, but had driven a spiculum of bone through the membranes, and had bruised the cord between the second and third cervical nerves, the bruise being confined to the antero-lateral column, the anterior and posterior cornua, and the central part of the grey matter on the right side. All these parts contained many extravasations. The left half of the cord, both grey and white matter, was intact; and the right posterior column was simply swollen, apparently from œdema, there being only a few very minute extravasations in it. The symptoms during life were: Paralysis of the right arm and leg, complete always in the arm, and at first in the leg; after the first twenty-four hours there was slight power of moving the leg. There was hyperæsthesia, or rather hyperalgesia, on the paralysed side below the part supplied by branches from the cervical plexus; in the latter sensation was normal. On the opposite side there was no motor weakness, but there was complete or almost complete loss of sensibility to pain, with very little change in tactile sensibility. The reflex action was diminished, almost abolished, in the paralysed leg; it was excessive in the opposite leg, in which sensibility to pain was diminished. The temperature on the side of the motor paralysis was uniformly higher, one or two degrees, than on the other side; and on the paralysed side there was a peculiar change in the irritability of the muscles and nerves, that of the muscles being a less, that of the nerves a greater, than on the other side; the change was the same to each form of electricity. In commenting upon these symptoms, Dr. Gowers observed that the cross sensory and motor paralysis was in accord, although not completely, with the view now generally accepted. The slight recovery of power in the leg might be explained by supposing that some fibres of the antero-lateral column recovered functional power; but, considering how easily the motor impulse is arrested for some time by a slight injury, he thought this explanation improbable, and that the recovery of power afforded support to Vulpian's opinion that the motor path, although crossing chiefly at the decussation of the pyramids, also crosses to a less extent lower down the cord, and that this subsidiary decussation for the leg had escaped, so that when the shock of the injury was over there was some return of power over the leg. He pointed out that the slight change in tactile sensibility in the analgesic limbs affords support to the view that tactile and common sensation traverse different paths in the cord; and the undamaged state of the posterior columns is interesting in connexion with the assertion of Schiff, that they conduct tactile impressions. The increased sensitiveness of the paralysed leg, so common in these cases, but associated as it was here

with diminished reflex action, cannot be ascribed (as it has been) to the withdrawal of an inhibitory influence on the grey matter of the lumbar enlargement. The contrast in this respect between the two legs in both sensibility and reflex action seems significant. In health reflex action in the legs is restrained by a higher centre, possibly, in man, the optic thalamus. The lesion of the right half of the cord which divided the sensory path from the left leg interrupted also this inhibitory influence. Hence it would seem that these two paths correspond. May not the opposite condition of the right leg be due to the intensification of the influence of the left optic thalamus? This would account for both the diminished reflex action and the hyperæsthesia, since the thalamus is a sensory centre. Its over-action may be due to the accumulation of the obstructed nerve-force in its fellow acting upon it by means of the commissural fibres. The difference in irritability of nerve and muscle must be interpreted as an abnormal state of the paralysed limbs, was probably due to an irritative influence exerted by the lesion on the grey matter of the lumbar enlargement, and thence on the motor nerves. It is very unusual for a depression of irritability in the muscles to coexist with an increase of irritability in the nerves. The persistence of sensibility in the branches of the cervical plexus shows how high up in the cord these fibres decussate.—Dr. ALTHAUS said the case just read had been so carefully described and argued as to offer but little room for critical remarks. The views of Professor Schiff as to the special function of the spinal cord seemed to be confirmed by these researches of Dr. Gowers. Was the sense of temperature affected? Could the patient discriminate between heat and cold on the paralysed side? He thought these varieties of sensation of importance. Then, again, was there any priapism? This condition was produced by lesions of the spinal cord; and it was an interesting question to determine what portion of the cord was involved when priapism took place, and also the degree of the latter following spinal lesions. The electrical observations had evidently been made with great care, and he (the speaker) fully concurred in their interpretation.—Dr. BROADBENT agreed with Dr. Althaus that the extremely careful and accurate manner in which the case had been observed and the wide knowledge displayed in its investigation left very little room for discussion. Schiff's theory, that tactile impressions travel by the posterior columns, was confirmed by this case so far as it went; but, at the same time, there was always this difficulty about accepting that hypothesis—viz., that in locomotor ataxy there was no strict relation between the loss of tactile sensibility and the degree of ataxy. It was very common for a patient to be able only to interpret as a simple contact, and to locate the impression, a sensation which, in normal states, would give rise to pain; and, until this were explained, he must hesitate to accept the theory that pain, temperature, and tact have different channels. He thought himself that they travelled by the same channels, but were affected by different circumstances. Dr. Gowers's observation upon the increased reflex action on the side opposite to the lesion, and on which sensation was impaired, accorded with his own speculations upon the structural conditions of the spinal cord. He believed that the same cells receive impressions, whether these pass across and give rise to reflex actions, or whether they pass upwards and give rise to sensation. If either of the channels be divided, the other effect is intensified; so that here, where the sensory path was interrupted, the whole of the impression, instead of being shared between the two roots, reflex and sensory, is concentrated upon the former, and thus gives rise to intensified reflex activity. This explanation holds good for nearly all cases in which reflex actions are increased. Dr. Broadbent offered the following explanation as to the production of hyperæsthesia. In hysterical paralysis, where there was cutaneous anæsthesia with (as he mentioned at the last meeting) retention of the sense of tact, he believed the loss of sensation to be due to vaso-motor change, affecting the blood-supply to the cutaneous nerves. The converse might be true of Dr. Gowers's patient, where the vaso-motor paralysis might be a reason why an impression made on those nerves should give rise to hyperæsthesia. Dr. Broadbent concluded by again testifying to the great merit of the paper, which would remain as a most valuable contribution towards the elucidation of the physiology of the nervous system. — Dr. BUZZARD inquired whether, when a certain amount of power returned, Dr. Gowers was able to test the muscular sense; and if so, did the observation confirm Brown-Séquard's view that the nerves of muscular sense pass into the motor instead of the sensory roots?—Dr. ALTHAUS asked why Dr. Gowers had reverted to the idea that the optic thalamus, and not the corpora quadrigemina, was the inhibitory centre of reflex actions. — Dr. GOWERS, in reply, said that the condition of the patient compelled him to limit his observations, and thus no attempt was made to test the muscular sense or the sense of temperature. There was no priapism. He thought there were reasons for believing that the optic thalamus has in man an inhibitory influence over reflex actions; amongst others, that hyperæsthesia and diminished reflex activity are frequently conjoined in cases of cerebral hemiplegia. He agreed with Dr. Broadbent as to the difficulties in the way of Schiff's theory—difficulties not only founded on the symptoms of locomotor ataxy, but on the structure of the posterior columns.

Dr. BROADBENT read notes of a "Case of Left Hemiplegia and Hemianæsthesia associated with loss of speech; Recovery." Dr. Broadbent communicated this case for Dr. J. BURNLEY WALKER. He said that the patient was a woman aged twenty-six, who, four days after the birth of a child, was greatly excited by her husband coming home drunk. A severe rigor came on, and a few hours later, while she was sitting up to take food, she fell back in a swoon. When seen by Dr. Walker, she was perfectly unconscious, though she swallowed liquids; her pulse was 48, and scarcely perceptible; the pupils were equal; the face was drawn a little to the right. After the free administration of brandy, she could be roused, and it was seen that the legs, limbs, face, and tongue on the left side were paralysed. Sensation was also greatly diminished on this side, and there was decided impairment of both motor power and of sensibility on the right half of the body as well. As the prostration was recovered from, she was found to be absolutely speechless, and the expression of her face, her laugh, and features were almost idiotic. She gradually gained power, but for a long time had had no proper control over the movements of her limbs. She could not take hold of an object, or guide a spoon to her mouth. She spoke for the first time eleven weeks after the attack, and then in a peculiar loud voice and with uncouth articulation. When seen by Dr. Broadbent, about three months after the attack, she could answer simple questions, but in a peculiar loud whining voice. She said she could not walk, but did so with the aid of a single finger; the movements of her hands were vague. Her mental condition appeared to be childish, and she smiled idiotically. Further improvement took place, and now (October, 1877) she could walk and carry her child, and attend to her house; but she still fumbled long over buttons and pins, and had only just become able to dress herself. She could not now control a knife so as to cut bread. She conversed fairly well, but not in a natural voice. Dr. Broadbent said the case was interesting as throwing light on reported examples of aphasia with left hemiplegia or with lesion in the posterior part of the brain. Had the patient died during the eleven weeks in which she was speechless, the case might have been considered one of this class; but the mental condition, the peculiar phonation and articulation, and the mode in which speech was recovered, showed that the derangement of the cerebral operations and the injury to the cerebral mechanism were altogether different from those which were seen in aphasia. The time and mode of the attack pointed to embolism of a cerebral artery as the cause of the symptoms, but these were not such as could be accounted for by blocking up of any one branch of the carotid, or of this vessel itself, or of the posterior cerebral or superior cerebellar, or both. The general impairment of motor power and of sensibility, in addition to the left hemiplegia and the motor ataxy, pointed to the conclusion that the basilar artery was the one plugged, the left branch getting more blood than the right, either by a larger post-communicating artery or by a less perfect occlusion. This would account also for the effect on the heart.—Dr. ALTHAUS said that the case was of interest especially with regard to the question of localisation, upon which there were at present two hostile camps unable to come to terms. On the one side there were Hitzig, Ferrier, Charcot, and others; on the other, Brown-Séquard, Schiff, &c. He himself belonged to the former, and thought the

present case furnished arguments against Brown-Séquard's views. Had the patient died at an early stage of the case, it would have been looked on as a case of aphasia without lesion in Broca's region. But as Dr. Broadbent had shown, the case was not one of aphasia; and it was likely that similar cases to this had been adduced by Dr. Brown-Séquard in support of his views.

Dr. BROADBENT brought to the Society brief notes of four cases in which, as in that of Dr. Walker, peculiar phonation as well as articulation associated with paralyis had existed. Case 1 was that of a girl aged twenty, who, seven months after the birth of an illegitimate child, was seized, after an emotional shock, with pain in the head, vomiting, and delirium, after which she was completely paralysed on the left side, partially on the right; then speech was said to have been lost; it was probably rather unintelligible. As she recovered, the voice was altered and impaired, and the articulation was indistinct and almost monosyllabic. Case 2 was that of a woman aged twenty-seven, who, during an attack of small-pox, five weeks after the birth of a child, had a fit, after which she could not move a limb or speak a word for some weeks. When she had so far recovered as to be able to walk and feed herself, her intonation was loud and unnatural, and articulation imperfect, attended with effort, and monosyllabic. Case 3 was that of a schoolmaster, who, a year after contracting syphilis, became suddenly hemiplegic on the left side. Twelve months later, he gradually lost his speech, and for six months he could not speak at all, deglutition, moreover, being affected. He regained speech, and some power in the left limbs, but the voice was squeaky and unnatural, and articulation peculiar and attended with great effort. In Case 4 there was cross paralysis of the left limbs and right face, attended with affection of the voice and articulation. The feature common to these cases and that of Dr. Walker was that, except in the last (which was reported as helping to identify the seat of the lesion and to locate it in the pons), there was for a time speechlessness, which might have been taken for aphasia, whereas the subsequent history showed that the damage to the mechanism of speech had occurred at a quite different point.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

Pigmentary Syphilide.

AT the ordinary meeting of this Society on the 12th inst., Dr. Thorowgood, Vice-President, in the chair, D. E. Chisholm, of Sydney, was elected a Fellow.

A paper was read by Dr. C. R. DRYSDALE, on "Pigmentary Syphilide in the Female." He remarked that in 1860 his attention was first forcibly drawn to this subject by observing a most well-marked example in a young woman, aged twenty, whose lower extremities became mottled in a most singular way by brown and white stains. Since that time he had seen several cases, and as an instance of the prevalence of this form of eruption he said that at the Rescue Society's Lock Hospital, out of forty-one cases he had met with the pigmentary syphilide on the neck in fourteen. The affection consists of stains of variegated white and brownish colour, seen on the neck or some other part of the body; they are not raised above the surface, and are quite free from desquamation, so that it is clear they are seated beneath the epidermis. The size of each stain varies from that of a threepenny-piece to a shilling, the edges being jagged. Sometimes quite discrete, the patches are generally united in agminate groups in the same region, so as, in some cases, to cover a very large extent of surface. White patches are seen in the midst of the grey stains, and, as Hardy has said, these are often whiter than the natural skin of that region, denoting actual diminution in the normal pigmentation. The stains may be rightly styled ephelis, since they consist of irregularly laid down pigment-cells in various parts of the surface. Many observers deny their syphilitic character, some—as, for example, M. Bazin—for the reason that no anti-syphilitic treatment appears to influence them. The author of the paper, however, affirmed that the stains were never to be found except in the subjects of true syphilis. The pigmentary syphilide is by far most commonly seen in the neck of women. The neck may be completely encircled by these patches, or they may be limited to one side. It is, however, seen in some well-marked forms on the face, front of chest and abdomen, and on the lower extremities. He had seen it more often in women than in men. It is of indefinite duration; lasting for years in some cases, in others only a couple of months and then fading away. No special drug seems to affect it. Mercury has not the slightest effect on it, as seen by the cases cited by the author. Iron, recommended by Mr. B. Hill, had as little influence on the syphilide, which is not a sympton of anæmia, but a true specific lesion. Regarding diagnosis, chloasma has a yellower colour; it has a furfuraceous aspect and is often itchy, characters absent in the syphilide. Ordinary ephelis, or "freckles," much resembles the pigmentary syphilide; but in ephelis the stains are larger, more marked in colouration, and are also less commonly noticed on the neck. Fourteen cases were then narrated as having been admitted during the past two years into the Rescue Society's Lock Hospital in young syphilitic women. Three of these may be instanced:—No. 1. Age twenty; admitted on Feb. 24, 1876, covered with syphilitic rash; and on June 29 she was noticed to have a pigmentary syphilide of the neck,—i. e., about five months after being first seen, and about seven months since infection. No. 2. Aged seventeen; admitted on March 6th, 1876, with syphilitic sore and mucous tubercles, and a pigmentary syphilide was noticed on the neck on June 22nd, probably five months after infection. No. 3. Aged twenty-one; admitted April 6th, 1876, and about four months from infection, presenting pigmentary syphilide in the neck. No treatment had any effect in these cases, although small doses of the green iodide of mercury were taken by all of them for five or six months. They had the eruption on the neck for nearly a year, or even more, but it gradually became fainter. The eleven other cases were very similar to them. In conclusion Dr. Drysdale said that although he now gave mercury in doses of one-sixth of a grain of the green iodide twice a day for sometimes six or seven months, he did so more for experiment sake and because the profession in general believed that mercury cured syphilis and prevented the occurrence of tertiary symptoms, than from having himself observed that it much hastened the cure of the disease.—Dr. ROGERS advocated attention to the general health of patients suffering from syphilis, combining tonics, such as iron, &c., with the specific treatment.—Dr. FOTHERGILL was glad to know that Dr. Drysdale had at last found the benefit of mercury in the treatment of syphilis. He agreed with Dr. Rogers's remarks, and generally prescribed the bichloride of mercury with the muriate of iron.—Mr. B. CARTER did not think this peculiar eruption to be pathognomonic of syphilis, and would ask Dr. Drysdale whether he had not met with it in other cases—e. g., in women who had their necks constantly exposed while at work. He thought that iodide of potassium was of value in treating immediate and extensive lesions, but that a cure could only be effected by mercury; a fact demonstrated in military statistics. For his own part, he should never feel he had performed his duty to his patient if he had not presented a long and continuous mild course of mercury—say from nine to twelve months.—Mr. ASTLEY BLOXAM had not seen this form of pigmentary degeneration to any great extent among a large number of cases at the Lock Hospital, and he regarded it as a kind of leucoderma, dependent upon some nerve paresis. He had seen it affecting the back of the hands, neck and adjacent parts, and the genital organs; and in one case it had distinctly followed on nervous shock. If it were a syphilide it would yield to iodide of potassium and mercurial treatment. Like Mr. Carter, he placed no reliance upon the iodide of potassium for the cure of syphilis. It simply helped to place the patient in a better condition for the exhibition of mercury. He believed that a patient should be placed on mercurials for at least a year, or even eighteen months; but the drug should never be pushed to salivation, for then the patient suffers from syphilis *plus* mercurialism. He took objection to the green iodide as being uncertain in its action, producing, sometimes, sudden salivation; but preferred inunction, or solution of

bichloride of mercury with bark, or blue pill with opium.—Dr. GRIFFITHS thought that the failure of therapeutic tests proved that the pigmentary change was not syphilitic.—Dr. GIBBON did not think it pathognomonic; he had seen similar changes follow ague.—The CHAIRMAN had no doubt himself in the efficacy of mercury in the treatment of syphilis, even in cases of phthisical patients when syphilis was present. He was glad to know that Dr. Drysdale had become a mercurialist, and had the boldness to avow it even now at this late hour.—Dr. DRYSDALE in reply said that he did not believe he could be wrong in his deduction that this change was a syphilide, as he had observed it in 14 cases out of 41. He was glad to hear the experience of the Fellows as to treatment, and he should follow the advice tendered.

[Pressure on our space compels us to hold over reports of meetings of several Provincial Medical Societies.]

Reviews and Notices of Books.

Atlas of Skin Diseases. By LOUIS A. DUHRING, M.D. Part II. Philadelphia: Lippincott and Co. 1877.
Archives of Dermatology. Edited by L. D. BULKLEY, A.M., M.D. Vol. III., No. 4. New York: Putnam.
Annales de Dermatologie et de Syphilographie. Par le Dr. DOYON. Tome Huitième, No. 4.

IT cannot be said that there is any lack of encouragement to the study of dermatology at the present day. The facilities afforded by numerous publications that appear from time to time, containing the results of the work of dermatologists in various parts of the world, are specially noticeable in this respect, and it is certain that they fulfil their purpose admirably. The three works which we are about to briefly notice are excellent examples in question.

Dr. Duhring's Atlas has only reached its second part, but it promises to be, in its complete form, a valuable work of reference. This part, which, to our regret, has been delayed a long time beyond the date of its intended appearance, contains representations of Acne rosacea, Ichthyosis simplex, Tinea versicolor, and Sycosis non-parasitica. The plates are on the whole well executed, though we think there is a want of softness about the diseased appearances which might easily be remedied. There is no doubt a great difficulty in getting this softness in chromo-lithographs, and it is an expensive procedure, requiring much time and labour to be expended upon the illustrations. But we would venture to suggest to intending authors of illustrated works that it is much more desirable not to attempt to make pretty pictures by embellishment with accessories of drapery and the like, but to concentrate all the expense and the efforts of the artist and colourman upon the portraiture of the actual diseased conditions. The selection of cases for illustration has been very judicious; and the text, we need hardly say, is admirable. We again wish the work every success.

The *Archives* continues to maintain its excellence. The digest of current literature in the present number occupies no less than fifty-three pages, and comprises references to and short analyses of nearly five hundred different papers, essays, &c., on various skin diseases, furnished by a number of able collaborators. It is of the greatest value necessarily, and we specially congratulate the editor and his staff upon the success and utility of this part of the journal. There is in the present number an original paper by Dr. Robinson on "Dysidrosis, or Cheiro-pompholyx," in which the view that the disease is essentially a disorder of the sweat-follicles is denied, and an attempt made to prove by clinical and microscopical examination that the malady consists merely of an upraising of the cuticle by albuminous fluid escaping from the papillary layer; but no doubt this point will be contested elsewhere. We can scarcely congratulate the author on the tone in which the paper is written. Such charges as those of "supposition" and "mere guesswork," brought against other and more experienced observers, with whom Dr. Robinson himself happens to disagree, are unhappy blemishes in his essay.

The *Annales* of Dr. Doyon always contain matter of interest to the dermatologist. In the current tome Professor Saint-Cyr, of the Veterinary School of Lyons, contributes an article on "La Dourine," known in Germany as Beschälkrankheit, which, though of special importance to the veterinarian, has its interest for the medical observer. M. Saint-Cyr does not describe it for the first time, but amplifies the description of others. His description, in brief, is: "Une affection générale, virulente, particulière aux solipèdes, qui attaque exclusivement les reproducteurs des deux sexes, maladie grave, presque toujours mortelle, à marche essentiellement lente et chronique, qui aboutit presque fatalement à la paralysie générale." As the disease is practically unknown in England, we commend the article to our readers; who will likewise find in the journal contributions to the subject of Arthritic Dermatopathies by Dr. Besnier, Syphilitic Myopathies by Dr. Maurice, an admirable summary of Dr. Fournier's work on "Tertiary Affections of the Tongue," and other papers.

OUR LIBRARY TABLE.

Elements of Chemistry, Theoretical and Practical. By WILLIAM ALLEN MILLER, M.D., D.C.L., LL.D., late Professor of Chemistry in King's College, London. Revised by HERBERT MACLEOD, F.C.S., Professor of Experimental Science, Royal Engineering College, Cooper's Hill. Part I.: Chemical Physics. Sixth Edition. London: Longmans. 1877.—Professor Macleod has again discharged his task with care and skill. The volume has increased considerably in bulk, as was right; and although it is still not difficult to detect omissions in it, there appear to be very few errors. The section on the polarisation of light is particularly well written, and will be of great value to students. One excellent improvement is the introduction of the date of publication of all the more important original memoirs. We hope that this example will be followed by other writers.

Virchow's Archiv, Band LXXI., Heft 2.—This number contains a teratological paper by Dr. A. Rauber, entitled the "Theory of Monsters by Excess," with three plates, showing some of the earliest phases of these abnormal conditions of development. 2. Dr. Schalh gives a new method of Section in order to obtain without disfigurement the nose, pharynx, and auditory organs. 3. Dr. Richard Thoma continues his researches on the disturbances of the circulation in Chronic Interstitial Nephritis. Dr. Michelson communicates his observations on the influence of the Urine on the Protoplasm of the Pus-globules.

La Independencia Medica, No. 4, Anno xiii., Nov. 1877.—This number contains some considerations on the therapeutic value of the bromo-hydrate of quinine, by Dr. P. Esquerdo, which we shall notice when the paper, of which only a section is given, is concluded. Dr. E. Roig y Bofill gives a case of dystocia, due to tetanic contraction of the constrictor muscle of the vagina. An article is devoted to the relations of syphilis to marriage.

The Conversation of a Soul with God. By HENRY MACCORMAC, M.D. London: Trübner & Co. 1877. The earnest utterances of a devout writer are not to be submitted to the dissecting-knife of a critic; and, in acknowledging the receipt of this book, written with good intentions, and calculated doubtless to comfort many a religiously-disposed mind, there is no necessity to submit it to any profound analysis. Perhaps were it written in language less exaggerated, and, shall we say, stilted, it would have been better for the

author's purpose; still, even the most critically inclined reader will find passages which are full of beauty and pathos, although buried somewhat among language far less pure and simple.

Garden Receipts. Edited by CHARLES W. QUIN. London: Macmillan & Co. A very useful little volume of instructions for the riddance of the various insect and other pests that weary the life of the lover of gardening. The receipts are given in an alphabetical form, and are copious and complete. There are also a number of other receipts of interest to the amateur gardener from which much valuable information may be gleaned. An excellent index is also added.

THE REPORT OF THE LOCAL GOVERNMENT BOARD.

II.

AN important part of the Report relates to the confirmation and revision of bye-laws submitted to the Board by local authorities. Although the Board advised the local authorities to postpone their bye-laws until a model series, then in preparation by the Board, were issued, it was found necessary to confirm not a few based for the most part upon the old models issued by the Local Government Act Office, under the Home Office. The model bye-laws of the Local Government Board, as our readers know, have now been published. These aim at a much higher and more defined form of local action in sanitary matters than was possible under the old models, and we shall look with great interest for the next annual Report with reference to the adoption of the new models. No proceeding appears to have been taken by the Local Government Board against any local authority for default in 1876, but reference is made to the proceedings which it had been necessary to take against the Town Council of Lincoln, in the previous year, for neglecting to provide their district with a proper system of main sewerage. A writ of mandamus had been obtained by the Board, on application to the Queen's Bench, for the purpose of compelling obedience to an order the Board had issued with respect to the sewerage of the city. The Board, however, has not found it necessary to enforce the writ. The Town Council has yielded. Proper plans have been submitted to and approved by the Board, and a loan of £84,000 has been sanctioned for the execution of the works. Not less than 198 special inquiries have been held by the Board during the year for various sanitary purposes, exclusive of inquiries held upon application for sanction of loans, and numbering 300, and certain medical inquiries, 20 in number. The special inquiries related to local improvement schemes, including construction of gasworks, purchase of lands for building assize courts, municipal offices, &c., alteration of sanitary areas, constitution of urban sanitary districts, dissolution of special drainage districts, &c. The Board had to revise twenty-nine local Acts promoted last session for sanitary districts in which special legislation appeared to be necessary, and to report upon thirty-five private Bills submitted to Parliament. These Bills referred to alteration of areas, acquisition of compulsory powers for certain purposes, the purchase of waterworks, the construction and extension of waterworks, gasworks, sewers, bridges, streets, hospitals, cemeteries, slaughter-houses, municipal buildings, police-stations, tramways, quays, docks, sea defences, promenades, markets, &c. The schemes prepared under the Artisans and Labourers' Dwellings Improvement Act, 1875, and submitted to the Board for confirmation, were four in number. The most important in point of magnitude referred to Birmingham, and included the clearance of nearly 93 acres (449,135 square yards) of old buildings, and the erection thereon of improved dwelling-houses, at a net cost of £550,000. Schemes were also submitted by Liverpool, Nottingham, and Swansea. The Liverpool scheme related to an area of 22,487 square yards, of which 18,770 were covered with low-class buildings or yards used for trade purposes, the estimated net cost being £62,254. The Nottingham scheme involved the acquisition of an unhealthy area, as to its houses, at the cost of £1000, and the erection thereon of improved dwellings at a cost of £8000. The Swansea scheme related to the acquisition of several areas, of which the houses had been condemned by the medical officer of health, at a net cost of £12,068. The several schemes, after local inquiries and subject to several modifications, were confirmed by the Board. Numerous proceedings were reported to the Board taken locally under the Sale of Food and Drugs Act, but in widely different proportions in various parts of the kingdom. In the metropolis 4177 samples of food were submitted for analysis, of which 515 proved to be adulterated; and 110 samples of drugs, of which 7 were found adulterated. The number of analysts who have been appointed, with the approval of the Board, to the 31st December, 1876, was 126 (counties 36, boroughs 51, district boards and vestries in the metropolis 39). Sections of the Report are devoted to the work of the Board as to turnpikes and highways, and to the subject of local taxation. The magnitude of the interests involved in local government in England is shown by the sums raised by local taxation for local purposes. The total amount of income from local taxation in 1874–75 was £26,466,231; to which has to be added from Treasury subventions £1,511,018, and from other sources, including loans, £15,634,912: making the total income for the year for local purposes £43,612,161. The expenditure for the same period was £40,706,312. The local taxation is divided into two categories in the Report: the non-remunerative, to which is accredited £16,414,450, with an expenditure of £15,674,696; and the remunerative, to which is accredited £27,197,711, with an expenditure of £25,031,646.

With respect to vaccination, an analysis of the final returns for the year 1874 is given, from which it would appear that of 854,787 children, whose births were registered in that year in England and Wales, upwards of 85 per cent. had, at the time of closing the returns, been registered as successfully vaccinated; about 10 (9·9) per cent. as having died early and unvaccinated; and an utterly insignificant fraction (about 1 in 10,000) as having contracted small-pox before they could be vaccinated. Of the 5 per cent. which remain, a small fraction, a little exceeding 1 per 1000, are registered as "insusceptible of vaccination," less than 1 per cent. of the year's births as postponed on account of the child's state of health, and of 4¼ per cent. of the year's births there is no account, the large majority being instances in which the parents had removed and been lost sight of. With respect to quality of vaccination the Report states that, owing to the stimulus of the grants given for good vaccination, and the close supervision maintained, "the performance of vaccination according to the standard established by Mr. Marson, which, ten years ago, was quite the exception among the public vaccinators of the kingdom, is now the rule." The National Vaccine Establishment furnished supplies of lymph in answer to nearly 12,000 applications during the year, besides supplies to the Army, Navy, Emigration Department, and the Colonies. The medical inspections will be best dealt with when the special report of the Medical Department appears, and we reserve the observation in the Board's report upon medical officers of health for particular comment. The Board notes that it has been urging extensively the provision of hospital accommodation for infectious diseases by sanitary authorities for the public generally, and observes that the value of such hospitals is obtaining increased recognition, but it does not enter into details. The Board further refers to an important report by Dr. Ballard on noxious trades, of which the first part, relating to effluvian nuisances, is promised in the forthcoming report of its Medical Officer. Finally, the Board records that, in respect to the duties which devolve upon it as to foreign epidemics, those have chiefly referred to the outbreak of plague in Mesopotamia, and to the extension of cholera beyond the boundaries of India in 1876. With respect to plague a full report, by Mr. Radcliffe, is promised in the Medical Officer's report. In relation to cholera, it speaks of an extension of the disease, in 1876, beyond the boundaries of India into Affghanistan and Beloochistan, following upon the serious extension of the disease in 1875–76 in India itself, as having been "a subject of some anxiety."

THE LANCET.

LONDON: SATURDAY, NOVEMBER 17, 1877.

THE decision of the Governors to maintain the original form of management of St. Thomas's Hospital, modified only so far as would relieve the Treasurer of certain details of internal management, as these have been traditionally and erroneously understood in this charity, casts a serious responsibility upon the medical and surgical staff. It may be admitted that the present discreditable state of the hospital, both financially and administratively, is not a necessary result of the system of management under which it has been so long maintained; but a system which has given no security in the past, and which, even as modified, can give no security in the future, against, on the one hand, the crippling of a superb income, and, on the other hand, the deterioration of a magnificent building, medico-sanitarily, below the standard of the older hospitals, the evils of which it was specially constructed to avoid, must be rotten at the core. A new Treasurer, appointed after the ancient rule, may possibly reinstate the financial position of the hospital; but we have no hope that, even when aided by a house committee and a resident non-medical superintendent, he will be able to give to the internal administration of the hospital, especially in its medico-sanitary aspects, that development which the position of the Charity claims, which the reputation of the great School of Medicine attached to it demands, and which, above all, the patients received into the wards, and the public, to which they can alone look in so anomalous a contingency, have a right to expect. In fact, the proposition that the resident superintendent should not be a medical man, shows a fundamental misconception of the essential internal requirements of the hospital. We believe that there is now no doubt whatever that the surgical patients brought into the wards of St. Thomas's Hospital are exposed there to aggravated risks to life wholly dependent upon the faulty internal administration of the hospital medico-sanitarily. It is a ghastly satire upon this noble and costly building that its wards, in the construction of which science is understood to have exhausted itself in making them such as would give the patients received into them the greatest chances of recovery that man could compass, should, by grave errors of administration, have been made as mischievous to the suffering inmates as the wards of some of our older hospitals built before science touched such matters. So incredible does it seem to many that this deplorable result should have such an origin, or a source of evil admitting of being so easily remedied be permitted to exist in St. Thomas's Hospital, that it is not uncommon now for the experience of this new building to be adduced as fatal to the pavilion plan of hospital construction. We counsel persons who think after this fashion to visit the hospital, and, putting aside the less obvious but not less serious questions touching the classification of cases and other more recondite surgical or medical matters, to study it from the point of view of that "fastidious and universal cleanliness" which, as its late distinguished surgeon, JOHN SIMON, has said, makes the healthiest hospital as it makes the healthiest house, and that pre-eminent regard to ventilation which constitutes the one possible safeguard to fouling of the air within hospital wards by exhalations from the bodies of the sick. He will find no universal cleanliness, and will probably be astonished if he comes upon traces of fastidious cleanliness; he will find ventilation a name for haphazard opening and closing of windows, if, indeed, he does not chance to find a ward practically sealed against the outer air and stinking (the word is used advisedly) with the effluvia of the patients in it; he will find the clinical assistants living under conditions befitting a purlieu of St. Giles's, and accustomed to surroundings wholly destructive of scrupulous and refined regard to those conditions of cleanliness which make the safety of a ward and prevent the surgeon being more mischievous to his patient than the injury from which that patient may suffer; he will find also a conspicuous absence of any common skilled intelligence regulating the several wards and parts of the building, and co-ordinating the administrative agencies for the one purpose of the hospital, the welfare of the sick. Hitherto, under the traditional administration of the hospital, the medical and surgical staff have been practically helpless against the evils to which we have referred, and their repeated protests have been unheeded. They had hoped, during the discussions following upon the death of the late Treasurer, that it would have been practicable to effect a reform of the hospital administration without departure from the ordinary rules of hospital procedure. This hope must now, the modifications proposed notwithstanding, be held to be at an end. We cannot for a moment believe that the medical and surgical staff will lend themselves to a continuance of the medico-sanitary maladministration which so closely affects the welfare of their patients, and which touches them so nearly in reputation. Moreover, the public and the profession have now a claim to learn from them fully the actual state and requirements of the hospital in respect to its medico-sanitary administration. As yet the facts which have become known in this relation, while abundantly sufficient to justify our observations, do not show the whole extent of the existing evil. It is incumbent upon the medical and surgical staff to prepare and make public an exhaustive report on the subject. When, on the removal of St. Thomas's from the Borough, it was proposed to transfer the hospital to the country, the intervention of the medical and surgical staff prevented the execution of this suicidal folly. Now, when it is virtually proposed to make no change in the medico-sanitary administration of the hospital, it is again for the medical and surgical staff to intervene, and relieve the new St. Thomas's from the discredit which has fallen upon it as to its wholesomeness, at least as affects surgical cases.

WE ask our readers' attention to the account of the meeting of the deputation of the Annual Committee of the University of London and the senatorial body, and also to the memorandum which the former presented on that

occasion. The result of the meeting is to a certain extent satisfactory, for the Senate has virtually pledged itself to abandon procedure by the RUSSELL-GURNEY Act, and thus has acknowledged the right of Convocation to give its opinion on one of the most important questions which could possibly disturb the University. We say, "to a certain extent satisfactory," for this reason: we believe that the Senate would have done better had it at once and without even the shadow or suspicion of conditions, declared its intention to throw over the RUSSELL-GURNEY Act, and to take any further steps by means of supplemental charter. We should, however, not expect too much, and we cannot think there is any *arrière pensée* on the part of the Senate, or that a body, whose dignity should be all in all to it, would, in any eventuality not pleasing to itself, fall back on a measure which, by its latest proceeding, it has in reality condemned. To our mind the RUSSELL-GURNEY Act is a dead letter in the University of London, and has, in fact, been judiciously shelved; and we are convinced that each conscientious senator will now hold the view that if women are to be admitted to the degrees of the University, the privilege must be conceded not by chance Acts of Parliament, but by the vote of all concerned in the government of the University. We congratulate the Senate and Convocation on the first step taken towards harmony between them. There cannot be two opinions as to the wisdom of the Senate in its virtual abandonment of the RUSSELL GURNEY Act unconditionally, even though the abandonment is implied only, and we see in this fact the existence of a strong moral power and an appreciation of the trust given to it with which we have on many occasions accredited the Senate of the University of London. We do not propose to discuss the future of the supplemental charter. Our views as to the admission of women to degrees in medicine are well known, and we shall be prepared to support them at the proper moment. Women should not be encouraged to study medicine, as we have said over and over again; but though this is our view (strengthened by all that has recently passed in the University of London), we find pleasure in the fact that the wise course which the Senate has adopted will give Convocation an opportunity of discussing the question on far higher grounds than heretofore, and that the votes taken in that body will not be simply those of a number of men who have scarcely considered the question, but of those who have looked into it with the seriousness which its importance demands. We deprecate the settlement of questions like those involved by the advocacy of one-sided agitators; and maintain that the views which have been advanced by many of the most able medical men of the day—men not only accomplished in the profession to which they belong, but who have a thorough acquaintance with human nature in all ranks—should be, and must be, listened to. With one exception, there is not a medical graduate of the University of London with a seat in the Senate who does not disapprove of the admission of women to medical degrees. This fact speaks volumes, but we will not dwell upon it. We congratulate the medical graduates (and all other graduates) on the results which have been attained, and trust that the interest which has been aroused in the affairs of the University will be more than ephemeral. We would allude, by the way, to one more point. We understand that the memorial requesting an extraordinary meeting of Convocation (to which we referred a fortnight ago) has been presented to Dr. STORRAR. We regret this step, and find in the letter of the promoter of the meeting which we published last week nothing to justify it. Within two months Convocation will meet in the usual way, and has the power of adjourning for the discussion of business of which notice has been given.

THE work of verifying, by clinical and pathological observation, the results obtained by experiment on the brains of animals, progresses slowly and not without some uncertainty. Many important facts have, however, been collected by the energetic investigators who are making the present epoch of French medical science one of unusual distinction. One of the latest of these contributions relates to the motor centres for the limbs, and has been presented to the Académie de Médecine by M. BOURDON. Rare but striking cases are occasionally seen in which a cerebral lesion, instead of causing a hemiplegia, causes a paralysis of one only of the members usually affected. It is to these that M. BOURDON'S attention has been especially directed. He discussed first the condition of "brachial monoplegia," paralysis limited to one arm, and described a case in which a cerebral lesion gave rise to a persistent paralysis limited to the muscles of the forearm and hand of the right side, without loss of sensibility. The lesion was a small, superficial hæmorrhage, situated in the upper part of the left ascending frontal convolution, without any change in the opto-striate centres. In a second case, communicated by M. VERNEUIL, a fracture of the skull caused a paralysis of the two arms, and at the autopsy two centres of meningo-encephalitis were found, one on the left side, in the upper third of the ascending frontal convolution, the other on the right side, in the ascending parietal convolution. An analysis of twelve other cases of similar limited paralysis showed that all presented the clinical features of a cortical lesion, and that in all, damage, various in form, was found in the motor zone of the surface of the brain. Instead, however, of occupying the upper third of the ascending frontal convolution and the upper two-thirds of the ascending parietal convolution, as they should, according to some experiments in animals made by CARVILLE and DURET, or the middle third of the ascending frontal convolution, according to conclusions adopted by CHARCOT and PITRES in their recent memoir, they were disseminated over the whole extent of the two ascending convolutions and the contiguous parts. It is, however, noted that in all of six cases in which a paralysis of the face was associated with paralysis of the arm, the lesion existed in the middle or inferior part of the ascending frontal convolution, and therefore close to the second frontal convolution, where most experimenters agree in locating the motor centre for the face. From these facts, M. BOURDON concludes that the region occupied by these lesions, although of considerable extent, must be regarded as the true motor centre for the arm. When hemiplegia, paralysis of the leg as well as of the arm, results from a cortical lesion, it appears, from an examination of a large number of cases, that the lesion occupies the upper third of the ascending frontal convolu-

tion and the upper two-thirds of the ascending parietal convolution, which is in harmony with the conclusions of CHARCOT and PITRES as to the localisation of the combined movements of the arm and leg. In a considerable number of cases, however, the autopsy revealed lesions having the same seat as those which produced a paralysis of the arm only. A reasonable explanation of these anomalous results might be looked for in the characters of the anatomical lesion, but this is not supported by facts. The extension of the paralysis from the arm to the leg does not appear to be at all related to the extent of the lesion, whether on the surface or in depth.

It has been said that after amputation of the arm, surface changes are found in the centre for the movement of the limb. If so, this might obviously furnish a more exact guide to the localisation of the brachial movements. In only two such cases, however, has a post-mortem examination been made. In each the atrophy is said to have been situated in the upper part of the two ascending convolutions—i. e., in only a portion of the region occupied by the lesions which produce brachial monoplegia.

These observations suggest that the centre for the movement of the leg in the human cerebrum is much less strictly localised than it has been believed from experiment to be in animals. At present, however, there are no clinical facts relating to the paralysis of this member which can decide the point. In default of cases of paralysis limited to the leg, M. BOURDON has analysed three cases of amputation of the leg, followed by an autopsy, and one case of arrested development of the member. In the three cases of amputation M. LUYS has found an atrophy of the upper part of the ascending frontal convolution. In the case of arrested development, which was published by M. LANDOUZY, the atrophy occupied the upper part of the ascending parietal convolution. This is the only case in which the lesion occupied the position in which experimental physiology has located the movement of the leg.

M. BOURDON terminates his memoir with a discussion of the practical application of these results to the problem whether a paralysis limited to the arm furnishes a sufficient indication for the operation of trephining. He concludes that the wide extent of the region which may be implicated when the paralysis has this distribution prevents the selection of any place with sufficient accuracy to justify the operation. But if to the paralysis of the arm there is added a paralysis of the lower part of the face, or aphasia, the lesion will probably be encountered if the trephine is employed in the middle region of the line which corresponds to the fissure of Rolando. This is the position which has been suggested by M. LUCAS CHAMPIONNIÈRE. The same surgeon has advised the operation towards the summit of the line corresponding to the fissure of Rolando when the paralysis is confined to the leg. But it has been said that the operation should be done behind the line of the fissure, on account of the supposed localisation of the centre in the ascending parietal convolution. M. BOURDON points out that the frequency with which the change has been found in the ascending frontal convolution renders it more prudent to operate upon than behind the given line. In some remarks on M. BOURDON'S paper, M. GOSSELIN, who reported on it to the Académie, and who has devoted much attention to the subject, doubted the propriety of trephining except in cases of depressed fracture, and believed that the existence of depression of bone constituted ample justification, and indication of the place, for trephining, without the evidence of functional alteration. But at the same time, he added, it must not be forgotten by a ready operator that such cases may recover completely, although the depression of bone remains. From such instances it would seem that other motor nerve-cells may take on the function of those which were damaged—a circumstance of great importance and high probability.

THE decision of the Council of the Royal College of Surgeons to adopt the report of the Committee on the Dental Diploma revives the whole question of that special qualification. It will be convenient to mark the event by restating the view we have taken, and still continue to hold, on the not unimportant subject of these special diplomas in its broad aspects. As regards the qualification of "surgeon-dentists," we have contended that they should be surgeons—that is, members or licentiates of a College of Surgeons or graduates in surgery of a University—first and dentists afterwards, just as licentiates in midwifery ought to be first surgeons, and then specially diplomated. To the application of this sound principle it has been objected that dentistry, as practised in this day of specialties, does not occupy a position identical with that of the obstetrician properly so called; in short, that midwifery is an integral part of general practice, whereas dentistry is something outside the province of the ordinary medical attendant who qualifies and describes himself as a "surgeon." We say that only in so far as dentistry *is* a part of surgery has the College of Surgeons anything to do with the matter. It is impossible to suppose that the practice of mechanical dentistry—for example, the manufacture and fitting of false teeth—can ever form the subject of examination at the College. That business, however useful, is obviously an art which falls into the category of industries with which the profession has no more immediate concern than with the skilled work of the surgical instrument-maker, or the artist in false limbs, noses, or hair. These departments of dexterity are most useful and necessary in their way, but they were deserted by the College of Surgeons at the moment of its evolution from the state and mystery of a company of barber-surgeons. The notion, therefore, of mechanical dentistry being placed under the patronage of the corporate body in Lincoln's Inn may, we assume, be dismissed. It is, however, the only ground upon which it would be reasonable to accept the proposal to grant a substitutionary instead of a supplementary diploma to "surgeon-dentists" who are not surgeons.

In so far as dentistry relates to teeth management, and such operative interference as may be necessary to health, it is clearly an essential part of the practice which falls to the lot of the "surgeon" commonly so called—that is, the member or licentiate of a College, who, without making a specialty of surgical disease, treats the ordinary class of bodily ailments. In a word, except in large cities, where the pressure of work compels a complex subdivision of labour, the general practitioner is a dentist, although he

does not so describe himself. The principle laid down of course applies with equal force to the licence in midwifery. The conditions are identical with those which affect the ordinary practice of obstetrics: the general surgeon is also an accoucheur. In many districts of the country it is the custom to emphasise the fact by assuming the descriptive designation "surgeon-accoucheur." The licence in midwifery was originated with the double purpose of supplementing the very meagre qualification given by the diploma of Membership at a time when nothing beyond anatomy, physiology, and surgery was included in the College examination, and of giving a much-needed incentive to the study of obstetrics. The first intent should have governed the practice. The like is true of the licence in dentistry, with the difference that the dental diploma was instituted with a view to incorporate under the ægis of the College of Surgeons a class of professional men who were already engaged in work assumed to form part of surgery. It could only be, as we have contended, upon the basis of such an assumption the College of Surgeons conceived it lay within the scope of its duty to interfere. Starting from this intelligible standpoint, we felt, and still feel, that the Dental diploma, and that in Midwifery, should be granted after a *supplementary* examination, to be passed by men who already hold the diploma of Member, or some equivalent surgical qualification. The opening of a byway to these special licences involves a sacrifice of principle as regards the unity of surgery. It is always competent for the College of Surgeons to adopt special measures for the encouragement of particular departments of surgery, but we fail to perceive the ground upon which that body assumes the right of granting licences for subsidiary branches of surgery to persons who are not surgeons. If the step now taken by the College is to be regarded as a precedent, we may have licentiates in ophthalmology, in ear, throat, mouth, and foot disease—in short, any fragment broken off from the mass of surgical work to suit the whim or convenience of enterprising specialists. This would be a great calamity, and we ask the Council of the College to reconsider the whole question and the principle involved, before carrying out the conclusion reached at the meeting on the 8th. The position is neither logical nor expedient. It is, we repeat, an irregular procedure which the Council contemplates; there is no sort of reason or excuse for creating a series of special qualifications below the rank of surgeon. Moreover, the effect of the course taken must be disastrous to the prestige of the profession and injurious to the public. It is a retrograde step, tending to the debasement in place of the elevation of medicine as an intellectual profession.

The only practical argument we have heard advanced in support of the course proposed is a contention that dentistry has grown to be so important and independent a branch of practice that it may be fairly studied apart. Those who propound this reasoning go further, and urge that it is unreasonable to ask men who intend practising as "dentists" to pass through the full curriculum required for membership, and subsequently take up the study of dentistry. We reply, in so far as dentistry is a part of surgery, it is no more independent or special than midwifery, and as the student proposing to take the licence in obstetricy studies the special subject as an integral part of his surgical work, so the man who intends to practise as a dentist may obtain his knowledge of the teeth. To come at once to the root of the matter, it is the art of making and fitting false teeth—with the multitude of matters which combine to make the craft of the modern dentist—that renders the task of studying dentistry as a branch of surgery embarrassing! We again protest a College of Surgeons has nothing whatever to do with this craft, which has come to form an important element of the surgeon-dentist's business. The English College will depart from its plain line of duty if it is induced to throw the professional sanction of a diploma over the composite craft of the surgeon learned in regard to the teeth, and the fabricator of apparatus to supply the place of the natural organs. As well might it authorise the combination of surgery with surgical-instrument making. It is possibly true that the hospital schools do not lay sufficient stress on the importance of instructing pupils in the surgery of the teeth. We are prepared to admit the possibility of neglect at this point; but the defect is not to be remedied by creating a specialty to which men may be inducted without first passing the portals of the College—becoming surgeons first and specialists afterwards. The decision arrived at is bad in fact and prudence, and should certainly be reconsidered.

OUR readers will remember that a few months ago we and several of our contemporaries directed attention to a very serious statement, made by a medical man at an inquest on a child at Macclesfield, as to the frequency with which the deaths of children were compassed in that town by the neglect of parents. What made the matter still more serious was that the statement of the medical man was endorsed by the presiding coroner. Mr. ALLWOOD said "he was able as a medical man to bear testimony to the amount of indirect child-murder which took place from year to year. Scores and scores of children were habitually and purposely neglected, but it was done in such a manner that it was difficult for the law to step in and make an example. He should like to see something done to check it, for there was no doubt that year by year scores of children were sacrificed in this way."

The coroner said "he quite agreed with what Mr. ALLWOOD had said. When he was appointed to the office, he was of opinion that the silk hands of Macclesfield were a superior class of workpeople, but he had since changed his mind. He found there was a frightful amount of immorality and indifference to life amongst women of the lower class."

The gravity of these charges was perceived by Alderman WRIGHT, who brought the subject under the notice of the Town Council. The only thing a corporation can do, when the town which it represents is so seriously aspersed as in these statements, is to institute an inquiry. This was done. A certain number of aldermen and councillors were nominated to constitute a committee to confer with medical men of the town and others likely to be informed on the subject. We have pleasure in saying that the report of this conference is worthy of the committee and of the subject which the committee was required to investigate. We wish we could say that the investigation had disproved or materially invalidated the statements of Mr. ALLWOOD and of the coroner. This

we cannot say. But it has thrown clear light on the causes of infant mortality in Macclesfield, and no doubt in other similar communities.

Seven medical men were examined, besides Mr. GEORGE BLAND, the medical officer of health. The other witnesses were Mr. ROBERT SNOW, a mill manager; Mr. P. J. EATON, deputy registrar; Alderman WHITE, Chairman of the Local Board of Health; and Mr. SUMMERS, Secretary to No. 1 Burial Society. The report should be read by all statesmen and sanitarians who wish to understand how infantile life fares in Macclesfield and other manufacturing towns. The medical men were almost unanimous on certain points, chiefly these:—That the mortality of young children in Macclesfield is high. That very many young children die in Macclesfield practically without medical attendance. That when medical men refuse to give certificates of death in the case of children brought to them in a dying state there is no proper investigation by the coroner. That any investigation which does take place in such cases is generally by the police. The police inquiry has reference rather to the respectability of the parents than to the disease of which the child died. It is strange to see the coroner superseded by the policeman, and an inquiry into the cause of death of a child changed for one into the character of its parents. The medical men were equally unanimous as to the causes of the infantile mortality. The principal of these, in their estimation, were as follows:—1. That mothers very soon after confinement return to factory work, and leave their children to the care of nurses, often grandmothers, who feed them on "bread pobs," that is, boiled bread. 2. That the children in being carried to the nurses' homes early in the morning are exposed to cold. 3. That they are extensively drugged with Godfrey's cordial, and other narcotics. 4. That the sanitary state of the houses is very unsatisfactory, and is a great cause of intemperance in the parents, which in its turn affects the offspring injuriously.

The particular diseases most fatal to children in Macclesfield were stated with singular clearness and force by Mr. GEORGE BLAND, the medical officer of health, and these have a remarkable significance in connexion with the above statements as to the way in which children are fed and cared for, or rather, not fed and not cared for. The most fatal diseases of children under five years old are convulsions, atrophy, diseases of the lungs, measles, diarrhœa. Measles kills many more than scarlet fever, apparently showing, as the high morality from disease of the lungs shows, the deadly effect of exposure to cold of ill-fed children. Mr. BLAND remarks on the large number of deaths from atrophy, which implies the absence of any special disease and the gradual wasting of the body, doubtless from want of proper food. Food is not food unless it be "convenient." The system is well illustrated in a case given by Mr. SNOW of a poor woman with a drunken husband, who lost five out of eight children, and gave the following account of the mortality: "I don't quite know what they died of; they were all right until I put them out to nurse, and then they seemed to pine away, and went off." In all investigations into this subject, the deaths of children under five years old—in the proportion of 3632 in 10,000, the number in Macclesfield, against that of 2691, the number in all England, or against 1754, the number in certain healthy districts,—the painful question is suggested whether the system by which children's lives are insured has any demoralising effect on the conduct of parents. The law limits the sum payable on the death of a child, though in several clubs, to £6. A child's funeral can be arranged at a cost of £1 15s. This question is still unsettled. But there was a very strong general opinion in favour of still further reducing the amount insurable on an infant's life, and most properly so.

Our space is gone, but we must find room for the admirable conclusions of the committee as to the remedies to be applied if the great scandal now exposed is to be removed. These are—(1) That mothers should be restricted from working for a limited period before and after confinement. (2) That crèches or nursing homes should be established, by licence, under medical inspection, and visited by ladies' committees. (3) That the sale of narcotics and injurious soothing drugs should be limited. (4) That a more rigid inquiry should be made into the cause of all uncertified deaths, and medical evidence taken. (5) That all available means be taken to enlighten ignorant and careless parents as to their responsibilities and duties.

It is to be hoped that the coroner will henceforth act upon the fourth suggestion of the committee. He is the only person who can bring out the facts of individual cases, which alone can enlighten the public as to this great evil.

Annotations.

"Ne quid nimis."

HYDROPHOBIA.

WE print in another column an able and suggestive letter by Sir William Gull on the subject of hydrophobia, in which he discusses the specific character of the poison, and the most available methods of prevention after a bite. The daily papers continue to teem with amateur pathological and therapeutical lucubrations on the subject, many of them of the wildest and almost rabid character. The topic is one which seems to have an irresistible attraction for the ignorant and illogical. The latest, and, with the exception of that which denies the existence of the disease, the most illogical theory of its origin is that it arises invariably from the bite of a venomous snake! This is proposed in a letter to *The Times* from an "Ex Sheriff East." The evolution of the natural history of the camel from the moral consciousness of the German was reasonable compared with the evolution of the pathology of hydrophobia from the self-consciousness of some writers in *The Times* and *Telegraph*. Meanwhile, the cases continue to occur, and nothing more is done for their prevention. The circumstances of some are of peculiar horror. One of the saddest accounts comes to us from France. A Sister of Charity was walking near Troyes with a number of children, when they were attacked by a strange dog of suspicious aspect. Throwing herself in front of the children, she bravely drew the dog's attention to herself, and struggled with it for some minutes, vainly endeavouring to strangle it, and receiving a dozen terrible bites. Presently the dog left her and attacked some other persons, by whom it was killed. The sister went to Paris, and there has just died of hydrophobia, a noble victim of self-devotion. Another case illustrates the care needed in handling the bodies of dogs which have died of rabies. A young veterinary surgeon at La Capelle made an autopsy

with excoriations on his hands, on a dog which had died of rabies, and he allowed his fingers to come in contact with the saliva of the animal. About three months afterwards the symptoms of hydrophobia came on with fearful intensity. It is believed by M. Menesson, who communicated the facts to the Académie des Sciences, that the saliva only is virulent on the body of the rabid animal, although it is possibly virulent in the stomach as well as in the mouth. Some details of the treatment of the case itself are of interest. Finding hypodermic injections and chloroform inhalations useless, M. Menesson employed faradisation, placing one pole on the neck, the other on one of the feet. The current produced immediate relief, and its application was succeeded by a calm, which permitted him to talk and to drink without spasm. On the cessation of the application, on account of the pain it caused, the spasms returned with virulence, to be again calmed by the application. After a struggle of two days, death occurred suddenly by an arrest of the cardiac contractions.

A series of suggestions have been addressed to the Académie de Médecine by M. Proust, regarding the prophylaxis of hydrophobia, which agree in the main with those we have urged. Cauterisation being the only preventive at present known, he suggests that it would be important to determine by statistics, not only the name of the caustic employed in each case, but also the manner of its application, and the time which had elapsed after inoculation before cauterisation. The disease being in so many instances contracted from pet dogs, the illness of which at its commencement inspires no distrust, it is most desirable that definite information should be circulated regarding the early manifestations of rabies, and especially on the error of regarding the dislike to water as an essential symptom of the disease. A more efficient sanitary police is strongly recommended, and among the details suggested are the use of a regulation collar, the destruction of all strange dogs, and the official prosecution of the owners of all dogs which inflict grave injuries.

THE CONJOINT SCHEME FOR ENGLAND.

WE are reminded by the action of the different medical bodies in England in appointing their representatives in the Committee of Reference, that the Conjoint Scheme for England is likely to become ere long an established fact. Sir James Paget and Mr. Simon, as we announced last week, will represent the College of Surgeons. The Society of Apothecaries will be represented by Mr. Edward Bradford and Dr. George Corfe. Familiarity with the name of this experiment has perhaps rather tended to make us think too lightly of the gravity of it as a change in the examining system of England. The principal features of it, we may remind our readers, are the appointment of a Committee of Reference, in which the universities and the corporations will be respectively represented by two persons. There being four universities, and but three corporations, it follows that the universities will have a predominance in the Committee of Reference, which, for the time being, will be the most influential medical body in England. The University of Durham, conferring its solitary degree in the year, will have as many votes in the Committee of Reference as the College of Surgeons or the University of London. The examining board will be appointed by the corporations; but the examiners will be nominated by the Committee of Reference. It is a part of the scheme that the Committee shall nominate twice the number of persons required to be appointed, leaving the selection to the several corporations. Every "member" of an English university who shall have passed such an examination or examinations as shall comprise the subjects of the primary examination or examinations conducted by the Board, and shall have completed not less than four years of study, shall be eligible for admission to the final examination. The fees of candidates are to be not less than thirty guineas. One half of the fees is to be appropriated to the payment of the examiners and the expenses of examination. The remaining half is to be appropriated as follows:—Two-sixths to the maintenance of the Museum of the College of Surgeons; one-sixth to the Royal College of Physicians in respect of the grant of its qualification; two-sixths to the Royal College of Surgeons in respect of the grant of its qualification; and one-sixth to the Society of Apothecaries in respect of the grant of its qualification. The scheme has been sanctioned, as required by the Medical Act, by the General Medical Council. It is to be hoped that the medical authorities will soon give it concrete form, and let the great experiment—for we cannot regard it as more—be tried. Great harm and injustice is done by delay.

DEATH FROM THE INHALATION OF ETHER.

WE regret to have to record a case in which the administration of ether terminated fatally, and which occurred in the practice of Dr. G. M. Lowe, of Lincoln. The patient was a lady forty-eight years of age, who had discharged the duties of a governess in the family of Dr. Lowe, and had for some time past been suffering from cancer of the breast. A consultation was held, and the removal of the tumour determined upon. The administration of the ether was confided to Dr. Mitchinson, who had had large experience in its employment. All proper precautions appear to have been taken. Dr. Mitchinson examined the heart, and, finding it rather feeble, directed the patient to take a little brandy and water. She was quite cheerful, though somewhat nervous. Half an ounce of ether was poured on the inhaler, which was placed over the mouth in the usual way. The valves were open, and gave free ingress and egress to the air. After a few inhalations the patient's face suddenly became turgid and the hands white. The inhaler was at once removed, the tongue brought forward, cold water dashed over the face, and the chest rubbed with brandy, but the breathing became stertorous, the face more and more congested, the pulse failed, there was an effort at vomiting, and death took place within a few seconds. A post-mortem was made by Mr. T. Sympson, the senior surgeon of the Lincoln County Hospital, assisted by Mr. T. Brook. On examining the heart they found that it was feeble and flabby, and some of the tissue, being afterwards examined, was found to have undergone fatty degeneration. The liver was firm, but the whole of its upper surface was attached by old adhesions to the under surface of the diaphragm—the muscular partition between the chest and the abdomen. There was a little effusion of serum on the brain. The air-cells of the lungs were dilated. The valves of the heart were in a perfectly healthy condition. They also carefully examined the throat, and found nothing there to throw light on the cause of death. The stomach was perfectly healthy; the deceased had not partaken of any food for some time before the ether was administered, which is a point of great importance. Mr. Sympson attributed the fatal result to failure of the heart's action, and the impairment of the functions of the diaphragm in consequence of its attachment to the liver. The fibres of the heart were so feeble as to be unable to bear any extra strain, and the efforts at resuscitation proved abortive owing to the failure of the functions of the diaphragm. Mr. Brook's evidence was to the same effect. They noted, in addition, that the right side of the heart was gorged with blood, that the walls of the right ventricle were very thin, and that there were some nodules of cancer in the liver and lungs.

The cause of death here seems evidently to have been

that the emphysematous condition of the lungs prevented the passage of blood through the pulmonary vessels. The right side of the heart became, in consequence, overcharged with blood, and, being already degenerated, was unable to contract upon its contents. We are not sure that emphysema of the lungs is not a state fraught with more danger to the patient than a fatty heart, and certainly should have more attention paid to it than has hitherto been customary. We may be permitted to be wise after the event, but we would ask whether, in any similar case, it would not be expedient at once to open the external jugular or temporal vein, and thus take the pressure off the right cavities of the heart. No blame appears to be attachable to any of those interested in this sad case, and we can only condole with the operator and the administrator in their misfortune.

UNIVERSITY OF CAMBRIDGE.

NOTICE has been given by the Vice-Chancellor that there will be a special congregation of the Senate of the University of Cambridge, on Saturday next, at 2 P.M., for the purpose of conferring the honorary degree of Doctor of Laws upon Charles Darwin. Mr. Darwin is already a Master of Arts of the University, having graduated as member of Christ's College in 1832. One of his sons is a Fellow of Trinity College, and another son is a graduate of the same College.

It is the custom at Cambridge for the Vice-Chancellor of the University, at the conclusion of his year of office, to make a speech in the Senate House, in which he reviews the chief events of the past year. In resigning his office on Saturday morning, the Rev. Dr. Atkinson congratulated the University upon the continued increase in the number of the students, which he attributed in great measure to the presence of representatives of the University, in connexion with the local examinations and local lectures, in so many parts of the kingdom, and to the more widely extended opinion of the value of university training consequent thereon. He observed that the efficiency of the University as a school of Natural Science had been greatly promoted during the year by the erection of the new buildings for the department of Comparative Anatomy and Physiology, as well as by the completion of the Cavendish Laboratory, for experimental physics, which has not only been built but equipped with all the apparatus and instruments necessary for a first-class institution of the kind, by the munificence of the Duke of Devonshire, the Chancellor of the University.

SANITARY DUTIES OF THE MAYORALTY.

IT is interesting and important to notice the stress laid by the Lord Chief Baron, in his address to the Lord Mayor on the occasion of the presentation before the Court of Exchequer, upon the sanitary duties of the Mayoralty. After in general terms enjoining the enforcement of measures "to provide for the health and comfort of all, and especially those of the poorer classes," the Lord Chief Baron went on to say: "Also, my Lord Mayor, I hope that your exertions will be directed towards providing an abundant supply of pure and wholesome water, and to conferring an effective system of drainage." We venture to think this phase of the official character of the Lord Mayor of London—the counterpart, doubtless, of functions to be performed by the heads of municipal corporations throughout the country—is not sufficiently recognised. It is convenient to be reminded of the particular phase of work specified, and to be brought face to face with an individual who is personally responsible for at least a prominent share of the sanitary duty. It is, we hope, needless to remind members of the medical profession who have been selected to fill the office of chief magistrate in their respective districts, that opportunity awaits, and high responsibility will devolve upon, them. The Lord Chief Baron did good service in directing special attention to the water question. In London and the metropolis urgently, and elsewhere not less really, this question, "How can a sufficient and satisfactory supply of pure water be secured?" demands a final answer. It is idle to postpone the evil day by ineffective artifices which do little more than mask the necessity and the danger. The whole question requires to be discussed, and it would be very convenient if the mayors of provincial towns, under the presidency of the Lord Mayor of London, thought fit to resolve themselves into a committee for the reconsideration of this great domestic question. Although it may be thought that the case of each municipality must be dealt with on local grounds, nothing but good would come of a general discussion with the aim to lay down some general guiding principle. Such moot points as the expediency of municipal action in the provision of a satisfactory supply, and questions of finance, might be usefully and practically deliberated. We commend the suggestion to the consideration of the Lord Mayor. The procedure would, we think, conduce sensibly to the public good, and reflect creditably on the mayoralty of 1877-78 in London and throughout the provinces.

OUTBREAKS OF SCURVY.

DURING the last week three ships, the *Orissa*, *Lalla Rookh*, and *Norma*, have arrived in the Thames with crews more or less affected with scurvy. Five of the cases have been admitted into the Seamen's Hospital, and are at present under treatment. The outbreaks in all the ships seem to have occurred in spite of the ordinary allowance of lime juice having been served out daily throughout the voyage, the men, moreover, stating that it was of good quality, and they have no complaints to make as to the condition of the provisions generally. Fresh messes appear also to have been served out once a week, but these, according to the testimony of the men, were rather too limited in quantity to have much effect as a preventive. This is not the first time we have reported instances of the apparent failure of lime-juice to protect against the disease, and, at first sight, sceptics as to its merits might receive encouragement in their doubts. If, however, the facts of the case are carefully investigated it will be found that the failure of the lime-juice in these instances is most probably due to the allowance fixed by the Board of Trade being too small to afford protection when the voyage is unduly lengthened. It is to be noted that in all the cases that have come under observation where scurvy has occurred, when lime-juice of good quality was regularly served out, the voyage has been over 100 days in duration. In the present instance the *Orissa* was 120, the *Lalla Rookh* 162, and the *Norma* 112 days on the voyage home without touching at any port; and, in addition, the voyage out must be taken into consideration, whilst the stay in port is, from financial considerations, rendered as brief as possible; indeed, the men themselves often make the stay on shore shorter than it need be by shipping for the voyage out, and then exchanging into another ship about to sail for England. Thus, one of the men at present in the Seamen's Hospital has been eleven months at sea with less than a fortnight on shore, having shipped first from Cardiff to Singapore, thence by another ship to Calcutta, and then by the *Orissa* home. It is also to be remarked that the cases of scurvy occurring where lime-juice has been administered are much slighter than in the days when no regulations as to its administration were enforced; and therefore it is important to inquire whether an increase of the rations after

the ship had been more than six weeks (fifty days) at sea might not have the effect of altogether preventing its occurrence. Such an inquiry should by right be instituted by the Board of Trade, but we regret to state that that body is singularly lax in this as in many other matters connected with the health of seamen; and it often happens that when an inquiry is ordered instructions are received so late that the men are paid off, and stores cleared out, before a proper inspection can be instituted.

THREATENED DISSOLUTION OF THE LOCAL GOVERNMENT BOARD.

A DISTINGUISHED member of the Honiton Town Council has affirmed, at a recent meeting of that important corporate body, and amidst the approving laughter of his colleagues, "that the Council and the Local Government Board could not exist together, and never would." The occasion which has led to this declaration of war to the knife between the municipality of Honiton and the Local Government Board gives additional weight and dignity to the defiance. There is a particular public pump in Honiton hallowed by age and associations in the minds of a section of the population. It is a pump which furnishes a fine supply of what by a figure of speech is called water, but which in reality appears to be sewage diluted to the point which makes it a not unpleasant sapid drink. There have been several reasons to suspect, and latterly certain reasons which make it pretty sure, that the water is mischievous to the health of some of the drinkers of it, and fatal even to a few. But as everyone who drinks the water has not yet died, and a fair proportion have reasonably good health, the owners of the pump repudiate vehemently the aspersions cast upon its character. Egged on by the Local Government Board, the medical officer of health recently took proceedings before the magistrates for the closure of the pump, and the magistrates, weakly sinking local dignity and yielding to the evidence of fact and the prescriptions of the law, ordered the pump to be dismantled and made useless. Indignant beyond measure with the three insults thus heaped upon local government—namely, the interference of the Local Government Board, the independent action of the medical officer of health, and the time-serving decision of the magistrates,—the Town Council, prompted by a lofty sense of its duty to local self-government, now enters the lists against statute-law and against central administration. It has ordered the pump to be reinstated; and thereupon, to the utter confusion of the bench of magistrates and the medical officer of health, the pump has been reinstated. The turn of the Local Government Board comes next; and as it is quite obvious, a choice having to be made between the retention of an old corporation or of a Board still in its early childhood, that the younger creation must go to the wall, we may anticipate that early in the coming session of Parliament the Local Government Board will, through its President, Mr. Sclater-Booth, request to be dissolved.

ERYSIPELAS AFTER VACCINATION.

NOT the least satisfactory proof of the growing intelligence of the public as regards vaccination is to be found in the sensible way in which boards of guardians dispose of those extremely rare cases in which untoward accidents follow vaccination. They make arrangements for a complete investigation into all the facts—which is rendered as possible by the system of public vaccination as it is in private practice. A case in point has just occurred at Stockton. A child, named Bage, fourteen days after vaccination, was attacked with erysipelas and died. The certificate assigned death to "Erysipelas consequent on vaccination." The guardians requested Mr. Tarleton and Mr. Hind to institute an investigation. They ascertained that the other two children vaccinated at the same time and with the same lymph as Bage did quite well after vaccination. From one of them nine children were vaccinated. They were all traced but one, who seemed to have left the town, and in all the vaccination ran its usual course. The conclusion was obvious, that the erysipelas was not due to any fault in the vaccination, but to the state of the child or its surroundings. The certificate would have been more accurate if it had run thus, "Erysipelas subsequent to vaccination." We gather from the report that the assistant of the gentleman who gave the certificate thought the vesicles on deceased's arm so good that he took matter from them. The report was considered by the guardians very satisfactory, as it will be by all unprejudiced people.

BOARD OF EXAMINERS OF THE ROYAL COLLEGE OF SURGEONS.

LAST week it was stated inadvertently that Mr. John Birkett, the President of the Royal College of Surgeons of England, had been re-elected to the Board of Examiners in Anatomy and Physiology. Mr. Birkett was re-elected to the Court of Examiners. It may be well to explain that members of the Court of Examiners are, according to the charter of 15th Vic., elected by the Council for a period of five years, but are eligible for re-election at the end of that term; whereas members of the Board of Examiners in Anatomy and Physiology are elected according to the bye-laws of the College for such time and period as the Council may think proper. At present the elections are annual, and the next one will take place on the 13th proximo. All the present members of the Board are, we understand, candidates for re-election except Mr. Birkett, who has determined to retire. Although Mr. Birkett's absence from the Board may be regretted, it must be confessed that his retirement gets rid of the anomalous circumstance of the President of the College acting on the Board under a chairman who is a junior member of the Council.

RECREATION FOR STUDENTS.

AT the opening of the session of the Aberdeen Choral Society, Professor Struthers, the honorary President, made some very proper and strong observations on the advantage of musical studies and pursuits as recreation for students. He expressed his opinion that the musical faculty diminishes as we go north, and is weaker in Aberdeen than in Edinburgh. In the course of his remarks, he said he was not one of those who went in for a great deal of cricket, boating, football, and the like; "there had been too much aping of English snobbery in that direction in Scotland of late years." We should be glad to think that English snobbery took no forms less worthy of imitation than cricket and boating. They are a little overdone, but there is no inconsistency between a moderate use of them and the cultivation of music. Some of the best university men excel in both. With this qualification we heartily agree with Dr. Struthers in commending music to students.

BATH CHAIRS.

ONE of the strangest and most inexplicable features of the traffic arrangements in London is the disuse of Bath chairs. There was no valid reason why the employment of these most convenient and comfortable vehicles should have been discontinued. It was doubtless necessary that they should be excluded from the paved foot-paths, but they might have been protected from the predatory Hansom cabs in the roadway, and thus preserved for the service of

the weakly and the sick. A commodious and well-hung Bath chair is probably one of the most luxurious of slow-going conveyances, and it is capable of being hired at a small cost. At Brighton the convenience is enjoyed and valued. We venture to suggest that these chairs should be reproduced. In the parks and west-end districts they would be extensively patronised, and their reintroduction would afford a means of livelihood to many able-bodied but now idle men.

ENTERIC FEVER IN THE METROPOLITAN ASYLUM HOSPITALS.

ON the last Saturday in September, the two Metropolitan Asylum Small-pox Hospitals at Homerton and Stockwell contained 37 patients suffering from enteric fever; this number increased steadily week by week to 88 on the 27th of October, while on the 3rd and 10th of November they had further increased to 105 and 115 respectively. The number of new cases admitted during the seven weeks ending the 10th inst. was 134, the weekly number increasing steadily from 11 in the last week of September to 25 in that ending the 10th inst. The total of cases of enteric fever under treatment at the London Fever Hospital simultaneously rose during the same period from 12 to 27. Thus in the Metropolitan Asylum Hospitals and the London Fever Hospital, the cases under treatment steadily and rapidly increased from 49 in the last week of September to 140 in that ending the 10th inst. The increase in recent weeks has not, however, been so great as it was during October; it may therefore be hoped that the disease will soon show a decline.

"WAKES."

WE have many times given examples of the diffusion of infectious disease through the medium of "wakes" held by the Irish population of this country, and now one of the surgeons of the York Unions—Mr. Hood—supplements the account with a fresh illustration of their dangerous consequences. An outbreak of scarlet fever occurred in the Walmgate district, involving about twenty cases, which was entirely attributable to the practice of "waking" the dead. Last month he had occasion to go to a house in which a fatal case of scarlet fever had occurred, and there he found about twenty people sitting in a room, and in their midst the deceased child in a coffin. Mr. Hood remonstrated with the party and induced them to leave, but soon afterwards, in the course of the same day, the room was again found filled with people. This went on each day until the fourth, on which day the child was interred. Hence it is not surprising that the disease was disseminated. It is high time that some steps should be taken to put a stop to a ceremony highly absurd and senseless in itself, and fraught with dire peril to the community at large. Cannot the Roman Catholic clergy do something to educate their Irish parishioners to a sense of the dangerous nature of the practice? The great influence they wield in their churches could not be more beneficially directed than in the formal prohibition of "wakes."

FRAMLINGHAM COLLEGE, SUFFOLK.

THERE have been in the past week very few fresh cases of scarlet fever at this College, but several of the earlier cases have been very ill with uræmia, and one boy died on Monday with uræmic convulsions, on the thirty-eighth day of his illness. Another boy, the son of Dr. Westmacott, of Paddington, was also seized with uræmic convulsions on Monday last, the thirtieth day of his illness, and though decidedly better, he still lies in a critical state. Very stringent measures are being taken to prevent the spread of the fever, and Dr. Fletcher, the medical officer in charge of the boys, has been compelled, from the number of cases, to live entirely in the College.

DUBLIN HOSPITAL SUNDAY.

LAST Sunday collections were made in upwards of 200 places of worship in aid of this fund. Fifteen hospitals will participate this year, being one more than in 1876, the additional institution being the Dublin Orthopædic Hospital. It is to be regretted that the Roman Catholic community still refuse to co-operate, although the vast majority of those relieved in the hospitals are of this persuasion. The inclemency of the weather last Sunday interfered to a certain extent with the attendance of the public at the various churches, but it is believed that the result of the collections, when known, will not show a falling off in the sum obtained from that of last year, and in all probability will exhibit an increase. Since 1874, the year in which the Dublin Hospital Sunday Fund was first established, the amount of the collections has steadily increased.

FIRES ON THE STAGE.

AMONG distinctly preventable "accidents" must be classed the misadventure which occurs when a performer on the stage of a theatre sets fire to her dress. A case of the class, which is reported from a music-hall in the metropolis, adds to the list of these avoidable, and, therefore, culpable, occurrences. The measures of precaution are well defined and generally understood. Wire-guards should be placed at every dangerous situation; and the dresses and hanging draperies of stage garniture ought to be rendered non-ignitable by saturation with a salt. It is incumbent to press for attention to these matters. The safety of an audience, not less than the stage company in a theatre, may be jeopardised by neglect.

CONDITION OF THE TYMPANUM AT BIRTH.

H. SCHMALTZ states that after having made numerous researches on the ears of fœtuses and of infants newly born, he has satisfied himself that the tympanum of the fœtus at full time is filled with the subepithelial layer of the mucous membrane, which is composed of embryonal connective tissue, and has already undergone regressive metamorphosis during intra-uterine life. The regressive change, like all changes which serve to bring the organ into functional activity, leads to the ventilation of the middle ear and to the partial absorption of the so-called "mucus-mass" occupying the cavity of the tympanum. Careful inquiry in this direction, he adds, will eventually prove of forensic importance, since it will enable an answer to be given whether the fœtus has survived its birth or not by determining the presence or absence of air in the Eustachian tube and tympanum.

THE GROCER'S LICENCE.

LAST week the Dublin magistrates refused in 74 cases certificates for the renewal of spirit grocers' licences, and as, we believe, no appeal lies with the disappointed applicants, the matter is a very important one. We have so recently pointed out the evils arising from the peculiar facilities afforded for secret drinking among females under the "grocer's licence," that we shall not go over the same ground; but we are glad to chronicle any reduction which may occur in the issue of licences of this character.

DR. CARPENTER, F.R.S.

A REPORT has reached us, which we fear is only too correct, that Dr. Carpenter contemplates retiring at an early date from his post of Registrar of the University of London. Dr. Carpenter has long taken an intense interest in the

progress of the University, and laboured hard for its increasing prosperity. The loss will be most keenly felt, and, indeed, to replace him successfully must be a task of great difficulty.

THE SPREAD OF FEVER IN LONDON.

WE understand that in consequence of the great spread of fever cases in London, and consequent pressure at Stockwell and Homerton Hospitals, the Metropolitan Asylums Board are about to open the Deptford Hospital, which was in requisition for small-pox, but has been lately closed and disinfected, and about to be adapted *pro tem.* for imbeciles.

AT a late meeting of the Metropolitan Asylums Board a letter was read from the Local Government Board relative to a late patient in the Stockwell Fever Hospital. The circumstances of the case exemplified in a remarkable manner the infective power of small-pox. The patient, a domestic servant, was admitted into the hospital suffering, in the first instance, from scarlet fever, after which she was attacked with small-pox. While there she was visited, at her own request, by her father, who, however, was not informed of the dangerous nature of the malady. The father, on returning home, was almost immediately seized with small-pox. His wife was then attacked, and six other persons besides, making eight in all, of whom four ultimately died. We refrain from comment on this case, as probably some action will be taken in it.

THE deaths registered in London last week numbered 1448, being 139 below the average of the corresponding week of the last ten years, and representing a mortality-rate of 21·4. The fatality from the seven principal zymotic diseases exactly equalled that of the preceding week; but the number of deaths from small-pox and from measles rose considerably, being 25 and 62 respectively, against 9 and 47 in the week ending Nov. 3rd. Scarlet fever, on the other hand, declined from 83 to 67. Diphtheria accounted for 6 deaths, whooping-cough for 15, different forms of fever for 42, and diarrhœa for 12. The mortality from diseases of the respiratory organs remains nearly stationary, the deaths registered last week under this head numbering 338.

DR. WALLACE, medical officer of health for Greenock, in his last monthly report, states that most of the cases of infectious disease which had occurred in the period were discovered by means of the registrars' returns, and only, in several instances, after the disease had spread beyond the infected house. The difficulty in obtaining immediate notice of an outbreak is very great in Greenock, and Dr. Wallace recommends that advantage be taken of the powers conferred on the local authority by the new Police Act for the compulsory registration of infectious disease. On the lower ground of economy alone, the town authorities should adopt this advice.

FOR more than a week the 77th Regiment, stationed at Newry, Ireland, has not had a single case of illness or accident in the hospital, either at Newry or at the various departments furnished by this regiment. This, we believe, is unprecedented, and may in a large measure be ascribed to the minute attention, hygienic and disciplinary, which Colonel Kent is well known to give to his splendid regiment.

WE understand that Dr. Barnes will give a Practical Demonstration of the Applications of Tarnier's new Forceps, on the admirable phantom exhibited at the late meeting of the Obstetrical Society, at St. George's Hospital, on Friday, the 23rd inst., at 2 P.M.

DR. FRANKLAND reports as the result of his analyses of the waters supplied to the metropolis and some of its suburbs during October, that the river water supplied to London during the month was of unusually good quality, and that derived from the Thames was fully equal to that usually obtained from the Lea; while the Lea water, supplied by the New River and East London Companies, was, in chemical purity, equal to deep well water. All the river waters were efficiently filtered before delivery. The Colne Valley Company's water was "exceptionally contaminated with organic matter of vegetable origin:" it was, however, the only metropolitan water which was softened previous to delivery.

THE Queen's College students' annual dinner took place at the Royal Hotel, Birmingham, on the 7th inst., the Rev. W. H. Poulton, M.A., Warden of the College, occupying the chair. About seventy of the former and present students assembled, and, by their hearty reception of the various professors, Drs. Russell, Hinds, Sawyer, and Messrs. West, Pemberton, and Gamgee, who either proposed or responded to the various toasts, testified to the good feeling and hearty co-operation now in existence between the students of Queen's College and their teachers.

THE epidemic of scarlet fever in East Molesey has not yet abated. The medical officer of health for the district, Dr. R. Skimming, in reporting on the outbreak, dwells on the entire want of hospital accommodation for infectious diseases in the parish and on the perversity with which the public conceal the existence of such cases from the knowledge of the sanitary officers. As the means for isolating patients are wanting, we trust the other preventive measures—disinfection and fumigation—are thoroughly carried out in every house where the fever has appeared.

SCARLET FEVER and measles prevail epidemically in Airdrie. Arrangements are being made for providing hospital accommodation for the fever cases, and for temporarily closing the schools of the town. Up to the date of these outbreaks Airdrie had for some considerable time been remarkably free from disease of any kind.

A RECRUDESCENCE of ophthalmia is reported from the Holborn pauper schools. The guardians of the parish were considerably exercised on this subject at their last meeting, and it was decided that an "oculist of renown" should visit the schools and report on the condition of the boys' eyes.

THE "Deaths" in our present number exhibit some unusual instances of longevity in our profession, viz.:—Dr. John Huggins, at the age of 94; Dr. William K. Baker, at 90; Mr. John Tarn, at 84; Mr. William Hall, at 81; Mr. Frederick G. Brock, at 80; Mr. John M. Chandler, at 80; and Dr. William Alexander Davis, at 80.

DR. G. H. PHILIPSON and Dr. G. Y. HEATH have been appointed the representatives of the University of Durham on the Committee of Reference for the Examining Board of England.

THE structural alterations in the Hackney Infirmary, commenced some time ago, have been completed. The establishment is now able to accommodate 313 patients.

DR. JOHN STORRAR has been again appointed representative of the University of London on the General Medical Council.

MR. ALDERMAN STONE has been elected Treasurer of St. Thomas's Hospital.

THE DEPUTATION FROM THE ANNUAL COMMITTEE TO THE SENATE OF THE UNIVERSITY OF LONDON.

THE important resolution passed by Convocation of the University of London was presented to the Senate by a deputation from the Annual Committee, on Wednesday last. There was a full meeting of the Senate, and the Chancellor presided. No discussion of course took place, the chairman of the deputation committee (Dr. Tilbury Fox) simply stating the object of the deputation, and quoting from the memorandum which we subjoin.

Memorandum laid before the Senate by the Annual Committee of Convocation at the Conference held on Nov. 14th, 1877.

In pursuance of a resolution passed at an extraordinary meeting of Convocation, held on July 27th, 1877, the Annual Committee of Convocation beg to submit to the Senate the following resolution passed at the same meeting:—"That this House regrets that the Senate has, by adopting a permissive Act of Parliament (Act 39 & 40 Vict., cap. 41), without reference to or consultation with Convocation, materially altered the constitution of the University, and has thus practically superseded the privileges of Convocation."

In proposing this resolution the following points were urged:—(1) That the question submitted for discussion was not that of the admission of women to the degrees of the University, but one affecting the privileges of Convocation only. (2) That the Senate was legally justified in adopting the Act, in accordance with the opinion of the law officers of the Crown; but (3) That having regard to the permissive character of the Act, and the circumstances under which it was adopted, the Senate ought not to have exercised the powers conferred upon it by that Act.

It was contended: That by the terms and intentions of the Charter, no fundamental change should be made in the constitution of the University without the joint action of the Senate and Convocation, and that the proper mode of effecting such change should be by obtaining power by means of a new or supplemental Charter asked for by the Senate and approved by Convocation. That a fundamental change would be effected in the constitution of the University by the adoption of the Act. That the opinion of the law officers of the Crown to the contrary was based upon the assumption that there was a "slip" in the proviso of sect. 1, whereas in fact women admitted to degrees in the University under the Act would not be excluded from but would enjoy the full privileges of graduates, including admission to Convocation. This contention was supported by the opinions of Mr. Farrer Herschell and Mr. Montague Cookson, appended hereto. That by giving effect to the Act the Senate would be dealing with one Faculty of the University in an exceptional manner, and would do in the medical what it could not do in other Faculties without application for a new Charter, which would require the consent of Convocation. That the Act being a purely permissive one, and applying to a number of other licensing bodies, there was the less necessity for the Senate to take so important a step as its adoption without consultation with Convocation. Lastly, that the action of the Senate was felt to be the more injurious to the privileges of Convocation because it speedily followed the passing of the resolution contained in minute 11 of the meeting of Convocation on May 8th, 1877, which was as follows:—"That this House is of opinion that it is inadvisable for this University to admit women to the degrees in Medicine before it shall have considered the general question of their admission to the degrees of all Faculties."

In an Appendix are given the opinion of Mr. Farrer Herschell, Q.C., M.P., which was published at length in THE LANCET of Aug. 4th, 1877, and that of Mr. Montague Cookson, Q.C., which last is as follows:—

"It is, I think, clear from a consideration of the Charter of 1863, taken in connexion with the Charter of 1867, that the University of London had no power before the Act 39 & 40 Vict., c. 41, to confer medical degrees on women, and that Convocation, as defined by s. 15 of the first Charter, comprised males only. The Act already mentioned for the first time empowered the University to grant qualifications for registration under the Medical Act of 1858, without distinction of sex; and as that Act recognises no qualification in the nature of a degree as commonly understood, except that of doctor or bachelor of medicine, it follows that any medical degree granted by the University under its new powers must be precisely the same degree as that hitherto conferred on males; or, in other words, that the word 'graduate' as used in the 15th section of the Charter has received a statutory extension so as to include females, on whom medical degrees have been conferred. It remains to be considered whether this *primâ facie* right of the female graduate in medicine, who in case of the inferior degrees has satisfied the condition of two years' standing, to be regarded as a member of Convocation is taken away by the proviso in s. 1 of the Act of 1876, and this depends on two questions—viz., (1) whether members of Convocation are entitled to take part in the government, management, or proceedings of the University; (2) whether, if this be so, the proviso is operative. I think that the first question must be answered affirmatively, having regard to the powers of Convocation as defined by s. 21 of the Charter, and particularly to the first and last of these powers, and the final sentence of the section. The second question is not so easily disposed of. The words are, 'no person who but for this Act would not have been entitled to be registered shall *by reason of such registration* be entitled to take any part,' &c. Now any woman holding a medical degree within s. 15 who may take part as a member of Convocation in the proceedings of the University will do so, not by reason of being registered under the Medical Act, but by virtue of ss. 15 & 21 of the Charter, which confer this power upon her as holding the very degree which constitutes Convocation membership; and all the proviso says is that registration shall not confer the title. It does not say 'the degree shall not, anything to the contrary in the Charter notwithstanding.' To this it may be objected that if this be so the proviso is wholly inoperative, for that in none of the Universities or Corporations to which it was intended to apply was there any connexion at the date of the passing of the Act between registration under the Medical Act and the right to take part in the proceedings of the University or Corporation. Assuming this to be the fact, there is nothing unreasonable or absurd in supposing that such a connexion might be created thereafter, for it might well be that actual practice in medicine (which involves registration as a medical practitioner) might be made a qualification for the management of a medical corporation, such as the College of Physicians or the College of Surgeons. It is true that if a statute is manifestly intended to be remedial it must be so construed as to give the most complete remedy which the phraseology will permit (see per Brett J. 4, Ch. Div. 198); but this is not a remedial statute, but an enabling statute, which *primâ facie* is to be liberally construed, the proviso, on the contrary, being a disabling proviso, and therefore not to be enlarged beyond what the words necessarily import. There being nothing ambiguous or absurd in the Act, it is in my opinion to be construed according to its ordinary grammatical construction, without reference to any supposed motive which dictate the proviso, and without changing the words 'by reason of such registration' into the words 'by reason of such grant of qualification,' or any other words not of equivalent meaning. The result, therefore, is, according to my judgment (arrived at not without some fluctuation), that the proviso does not neutralise the operation of the Act in the Charter, so far as relates to the right of women admitted to medical degrees to be regarded as members of Convocation, and to exercise all the privileges which in the case of male members that position involves."

Lord Granville then stated that the Senate was willing to submit a supplemental charter to Convocation with regard to the question of admission of women to degrees; and thus virtually was abandoned all procedure by the Russell-Gurney Act. It was pointed out by the deputation that they could not pledge Convocation to any particular line of action, and had no right to do so—facts which the Senate at once admitted. It will be seen that the memorandum contains the gist of the arguments advanced against the action of the Senate at the extraordinary meeting of Convocation in July last.

MEDICAL ASPECTS OF THE WAR.

DR. PIROGOW has forwarded to the General Committee of the Russian Red-Cross Society a report of an inspection he has made of ten hospitals of the Society established between Kiew, Rakhny, and Imérenka; and of the sanitary train No. 9, which he visited at the station of Imérenka. It would appear from this report that seven of the hospitals are established in houses which are irremediably defective in respect to ventilation and the arrangement of the privies. In Kiew, the hospital, which has been organised in the mineral-water establishment, of which the dancing saloon and many adjoining rooms have been utilised and serve excellently for hospital purposes, is well located, but needs certain improvements, which Dr. Pirogow has indicated. The treatment of the patients in private houses, Dr. Pirogow observes, is attended by numerous inconveniences, especially during the summer; and he recommends the erection of huts, constructed after a model he recommended in 1871, each hut to contain four patients, as in every way preferable. He would have groups of from fifty to a hundred of such huts established in the vicinity of the lines of railway near to the theatre of war. At the Rakhny station, on the Odessa railway, a tent hospital of one hundred beds has been organised by the Novgorod Committee of the Red Cross Society, under the superintendence of M. Balaschow, with M. Gorliteyne as principal medical officer. Dr. Pirogow considers a hospital of this kind as that which is best suited for summer, and the excellent results which have been obtained in the Rakhny hospital, where there are few but the gravely wounded, confirm him in this opinion. The ambulance of the Red Cross Society at Tcherniatine is admirably placed. It has been organised by the Kamenets-Podolsk Committee of the Society, M. Panse acting as delegate and principal medical officer. This ambulance furnishes from 120 to 140 beds, and is constructed after the American hut system somewhat modified. The huts are thatched, and connected together by corridors built of planks. Each hut needed two months for construction, and cost 2500 roubles. It is hoped, having regard to special arrangements for warming and ventilation, that these huts will maintain a warmth of 17° R. during the winter. A hut hospital constructed at Kiew, adjoining the Alexander Hospital, furnishes accommodation for thirty officers. It is excellently organised in every respect, but the costliness of its

arrangements is out of proportion to the number of beds, and Dr. Pirogow deprecates the multiplication of hut hospitals of this kind in time of war. Among the useful hospital adaptations which came under his observation, Dr. Pirogow notes the covered Tcherniatine carriage, which is very simple, costs little, and serves the purpose to which it is put thoroughly well. This carriage is a sort of German waggon on wooden springs, and is drawn by oxen. It has a canvas cover. Litters are suspended in the interior by solid leather straps, and the wounded are placed on them with the mattress which has served in their transport to the waggon. The carriages are of two sizes, one size having a length of four archines (archine = 28 in.) and three verschoks (verschok = 1¾ in.) and breadth of two archines three verschoks; the other a length of three archines twelve verschoks, and a breadth of one archine ten verschoks. They hold from four to six wounded lying, and from six to ten wounded sitting. It is practicable to carry the wounded long distances in these waggons. Specially constructed for hospital use, and with iron springs, a waggon costs from fifty to fifty-five roubles. Two oxen are usually required for draught—four is the maximum number needed.

Dr. Pirogow directs attention to the absence in many of the hospitals of stoves for the destruction of dressings which have been removed from the wounded, and, insisting upon the necessity of burning them, asks the general committee to give instructions to this effect, and make the necessary provisions for carrying them out.

Contrasting the Red Cross hospitals with the military hospitals at Kiew, Braila, and Vinnitza, Dr. Pirogow states that he was struck with the difference which existed between them. In the Red Cross hospitals the linen was much finer, the food choicer, and the medicaments more varied, without any necessity for such being the case. The soldiers who pass from a Red Cross hospital to a military hospital and do not reflect upon the resources of the Red Cross Society, are discontented, complain of the military hospital administration, and become disorderly. Dr. Pirogow deprecates the undue expenditure of the Red Cross Society in the matters named, except in the case of grave injuries or sickness. He would reserve luxuries for the seriously wounded and ill, and he points out the inconsistency of maintaining a scale and variety of diet, and furnishing underclothing of a fineness to which the soldier is wholly unaccustomed, and of an indulgence in a superfluity of medicaments, when even now anxiety is being felt as to the supply of linen and of warm clothing for the patients.

The relations of the local committees of the Red Cross Society with the military hospitals do not appear to be wholly satisfactory. This is especially the case with regard to the distribution of sisters of charity, which rests with the Red Cross Society. While some hospitals have a veritable plethora of these valuable assistants, others, equally in want of them, are very scantily provided.

Sanitary train, No. 9, Dr. Pirogow regards as organised in a very practical manner, without any pretension to an excess of comfort. He especially approves of the section in which large benches have been arranged for the wounded by joining together the seats of third-class carriages. Eight waggons of the train are fitted with Gorodetsky's litters. These litters are commodious, but they take up too much space, consequently the train does not furnish accommodation for as many wounded as it might be made available for.

The service of the sanitary trains, according to Dr. Pirogow, leaves much to be desired; and he again urges, the autumn and winter notwithstanding, that the seriously wounded should be carried to the least distant localities of New Russia, Bessarabia, and the Crimea, not going beyond Kiew and Kharkow. He is aware that, in order to effect this, it would be necessary to reverse the arrangements now in use (see THE LANCET, 3rd Nov., 1877), and to send the lightly wounded to the more distant hospitals, rendering their return to the seat of war more difficult. Dr. Pirogow concludes his report as follows:—"A consolatory fact disclosed by my inspection is this, that I have found the state of all the transported patients astonishingly good, notwithstanding the numerous privations they have suffered. The mortality among them is insignificant. I have seen a great number of wounds of the hip, of a kind which during the Crimean war had the worst results, nearly cicatrised in the course of a three weeks' transport. Purulent infection is rare, and gangrene hardly known. Thus the transport of the wounded, even the most painful, cannot be considered as having affected injuriously their condition ('peuvent être considérés comme ne présentant positivement aucun inconvénient pour l'état des blessés')."

Dr. Kariakine, surgeon to the 8th Russian Army Corps, has been decorated with the Order of St. Vladimir (3rd class "avec les glaives"), and the following medical men have been promoted to the rank of "conseiller d'état actuel" for distinguished service:—Dr. Radakow, surgeon to the 11th Army Corps; Dr. Polowbensky, surgeon to the military hospital of Brest; Dr. Arkhangelsky, surgeon to the 31st Division of Infantry; and Dr. Razbiraïew, surgeon to the 9th Division of Cavalry.

A correspondent of *The Times*, writing from Sofia, under date Oct. 22nd, gives a most harrowing account of the state of the Turkish military hospitals in Plevna. He also reports that the English surgeons sent to that place by the relief societies met with a reception from Osman Pasha, in command there, which, if the statement be confirmed, will, we imagine, very sensibly affect the despatch of further aid from this country. It would appear that this correspondent entered Plevna with the first expedition for the relief of the army there with food and ammunition, and in company with Dr. Bond Moore, of the Stafford House Society, and Drs. McKellar and Goodrich, of the Red Crescent Society. They found in Plevna, Dr. Ryan, an English surgeon, serving with the Turkish forces. The reception of Dr. Bond Moore, McKellar, and Goodrich, the correspondent states, "bore signs of studied insolence, and on their arrival in the town they were left to shift for themselves." Dr. Moore had been attached to the Sultan's body-guard, and he waited for the arrival of his chief officer, Chefket Pasha, before beginning work. Meanwhile he and his companions visited the military hospitals, and here is the account of what they found in the principal one:—

"When we reached the main hospital we encountered a scene of horror which went quite unspeakably beyond all our previous experiences. I am authorised by the gentleman I accompanied to say that it is quite beyond the power of language to exaggerate their opinion of the deplorable and hideous condition of the wounded. If I could present you with an adequate picture of this dreadful place I should produce a record which would dwarf De Foe's description of the lazar-houses of the Plague. But to attempt such a picture would be to shock decency by every line. I venture to believe the horrors of this home of filth and agony unique and singular. The chambers were large and lofty, and there were reasonable facilities for ventilation, but the odours which filled every one of them were sickening past all words. Wounded men in every stage of disease and filth and pain littered the floors. The stagnant miseries had overflowed into the corridors and on to the very stairs, and men with fractures forty days' old lay untended and helpless side by side with cases of raving fever and confluent small-pox. If the reader will pain himself by thinking into what foul abandonment of nastiness one wounded man might fall if left absolutely untended for a week, and will then multiply that imagination by a thousand, he may begin to conceive the state of things which so horrified men accustomed to the sights of war and the ravages of disease. ..... There were filth and famine, and fever and gangrene, and every conceivable horror of pain and sickness, and the men, of course, were dying literally like rotten sheep. ..... The total rate of wounded reached 4500. We visited other hospitals, and found them like the first, and the doctors when they left were actually quite full of schemes of work."

We continue the story in the correspondent's words:—

"On the morning following that of which I have just written, Dr. Bond Moore and Captain Morisot waited upon Osman Pasha at the camp, and made a formal tender of the services of the Stafford House Society's volunteers and stores. A similar proffer was made by Dr. McKellar in behalf of the Red Crescent Society. To the utter amazement of everybody concerned, the doctors were told that they were not wanted, and were ordered to return. Dr. Moore informed the Pasha that he had inspected the hospitals, and gave him a description of the condition of the wounded. The answer to his application was repeated, and the Pasha stated that he intended immediately to transport his men to Sofia. Dr. Moore responded that a six days' journey for men in the condition of those he had seen in his Excel-

lency's hospital, would inevitably result fatally in hundreds of cases. The Pasha's manner had from the first been useless and discouraging. He became angry at this persistence, and again repeated that the services of the English surgeons were not needed at Plevna, and that if they wished to do anything they must go to Sofia. I do not think that many Englishmen will be disposed to quarrel with Dr. Moore because he answered that the immediate transport of the wounded would be a barbarity shocking to Europe. Osman Pasha returned no answer to that statement, and the deputation retired. Dr. Moore was so eager to be of service, and so anxious not to retire from duty that he made another appeal to the Commander-in-Chief on the following day. The General's answer was a little modified. The men should be sent to Lukavitza, Avlanitza, and Orchanie, instead of Sofia, if the doctors wished it, and a part of the pain and fatigue of the journey might thereby be saved. But about their going at once he was inexorable, and the doctors finding him inaccessible to appeal again retired. Dr. Bond Moore's last act in Plevna was to write and despatch the following letter to Osman Pasha:—'I had yesterday the honour to receive, through my secretary, Captain Morisot, your Excellency's reply declining to accept the assistance of myself and my little staff of volunteers in the cause of your wounded soldiers. Your Excellency will permit me to point out that previous to my personal application for permission to serve, I had inspected the various houses full of wounded Ottoman subjects in Plevna, and had convinced myself of the urgent need of immediate help. I saw among those wounded men fever, famine, and gangrene feeding side by side with small-pox on your crippled soldiers. In accordance with your Excellency's command, I leave your camp to-morrow. I take with me the mules kindly lent me by his Excellency Kaisun Pasha for the transport of my *cacolets*, and the escort from Chefket Pasha which has guarded the Stafford House stores from Orchanie. Humanity will not allow me to deprive your Excellency's unfortunate men of the comforts sent out for them from England, and I therefore have given over to your Excellency's Chief Turkish surgeon, Colonel Assib Bey, the whole of the medicines, bandages, stretchers, appliances, soups, &c., which I brought with me, since it is your Excellency's wish that an English surgeon should not administer them. I should not be doing my duty as the only Stafford House surgeon here, were I not urgently to protest in my professional capacity against the unnecessary transport of the wounded to Sofia. The villages of Lukavitza and Avlanitza, and the town of Orchanie are ready to receive them, and to transport to Sofia men in the deplorable condition in which I have found them will result only in sowing the Orchanie Pass with corpses.—I have, &c.'

"Osman Pasha held to his purpose, and the wounded were transported. I was riding down the street when the first convoy of a thousand started from the town, and I trust it may never again be my fortune to witness such a miserable crowd as I saw there."

On the same date that the above details appeared in *The Times* (Nov. 13th), the *Daily Telegraph* published an explanatory statement of the events described, sent by the Duke of Sutherland to that journal, and derived from medical reports received by the Stafford House Committee from Mr. Barrington Kennett. The statement is as follows: "On arriving at Plevna, Dr. Bond Moore tendered the services of his staff to Osman Pasha, who thanked him, and said he was quite welcome to remain if he wished, but that he could render much more efficient service by accompanying the wounded to Orkanie. Dr. Ryan, who has been seven months in Plevna, and remains there, informed Mr. Moore that not more than 200 would be left behind. Upwards of 3000 were to be sent away to Orkanie and Sofia. Dr. Bond Moore, with his staff, accordingly decided to attend them *en route*, leaving a large supply of their stores in Plevna, which were greatly needed."

We are unable to reconcile this account with that given in *The Times*, and especially with Dr. Bond-Moore's letter to Osman Pasha, quoted by *The Times* correspondent.

DUBLIN OBSTETRICAL SOCIETY.—The first meeting of this Society for the present session will take place on the 17th inst., at the College of Physicians, when Mr. Darby will deliver the Presidential address.

Correspondence.

"Audi alteram partem."

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—Although we are promised a contribution on Hydrophobia from the pen of Sir Thomas Watson, I am anxious to draw the attention of the profession to the question of the more exact local treatment of the bites of rabid animals. Two errors connected with those wounds appear to prevail, and to have made the treatment of them, so far as the destruction of the poison in them is concerned, somewhat perfunctory. On the one hand, it is by some persons believed that the poison is so rapidly absorbed into the blood that but little, if any, advantage could follow from local means for its destruction, however exact such means might be, and even though they were applied within a short time of the bite. On the other hand, some doubt whether there be indeed any really potential poison in such wounds, and, in accordance with this view, think that any severe treatment by caustics or similar means for the destruction of the supposed poison could only add to the danger of the case by making the wounds worse. This latter opinion is further supported by the theory that there is an analogy between tetanus and hydrophobia—it being the wound and not a poison which is in both diseases the active cause of the symptoms. This view of hydrophobia is not novel. In 1792, Bader suggested that the poison in hydrophobia was doubtful, and drew a formal parallel between hydrophobia and tetanus. But apart from the symptoms and course of the two diseases, which show that they are quite different affections of the nervous system, it may be asserted that wounds, which every day are known to set up tetanus, have never been known to produce hydrophobia. Man and animals are liable to every sort of wound, yet hydrophobia does not follow unless the wound be produced by the tooth of dog or cat, or one of their kind in a rabid state. Is it not, therefore, a fair conclusion that these bites give more than a wound? Moreover, that a potential poison exists in the saliva of rabid animals has been demonstrated by the transmission of hydrophobia from dog to dog, and from man to dog, by inoculation. But I scarcely think the reality of the hydrophobic poison needs much insisting on. It would have been well for many a too-wretched sufferer had this poison been as hypothetical as some would have us believe. Assuming it, therefore, to be certain that there is a poison introduced into the wound by the tooth of the rabid dog or cat, the important question is how long it remains there. Is it, like many other poisons, rapidly and at once absorbed? This is the usual inference; but the clinical history of hydrophobia makes it doubtful if such an inference be correct. It is usually believed that the poison is absorbed without delay into the blood, and, after working there for a time, sets up the fatal attack. However this may be, there certainly is an indifferent interval as regards symptoms between the bite and the disease of at least a few weeks, or a few months. It is rarely shorter than two or three weeks; it is mostly two or three months; and cases are on record where even years have elapsed. In the last case which came under my own observation, thirteen years had passed from the bite to the outbreak of the acute symptoms. Such a period may seem incredible, but it is in accordance with the statements of other observers. Morgagni speaks of twenty, or even forty, years having elapsed between the bite and the breaking out of the disease. Dr. Robert Williams, who quotes this in his work on "Morbid Poisons," thinks Morgagni must have been in error, though he (Dr. Williams) gives no ground for his doubt, and adds—"*but the extreme length is often great.*" It is not thought at all incredible that a year or eighteen months should elapse between the bite and the hydrophobia, periods which prior to experience would have been thought as incredible as the longer ones. Indeed, any such periods of latency would to them who judge of natural actions *à priori* seem incredible. It is this

fact in the history of hydrophobia which makes it probable that the poison may remain for a long time imbedded in the bitten part. This probability is enhanced when we compare the long and uncertain period of latency with the remarkably sharp and sudden outbreak of the symptoms which usher in and constitute the hydrophobic attack. We have not in the whole range of disease anything so strangely contrasted as are these two portions of the history of hydrophobia—the long interval and the sudden outbreak. Though not in a position to explain the steps of the process, I would urge whether they do not suggest that the wound may long be the matrix of the fatal venom, and whether from this point of view the prevention of the disease may not be in our hands.

In that excellent article on Hydrophobia ("Cyclopædia of Medicine," 1833), by Dr. Bardsley, he writes as follows:—"It seems to be an established fact, that the virus of a rabid animal does not, like other morbid poisons—such as small-pox, cow-pox, syphilis, and plague—always produce its effect within a limited time. Dr. Todd Thomson has expressed his opinion, that the hydrophobic virus is not regulated by the usual laws of morbid poisons; and on that account he is inclined to believe that it remains in the bitten part, and the individual is safe till the habit becomes predisposed to the action of the poison, so that the part may be advantageously excised in the intervening time. A case is related by Professor Rust, where the wound was excised thirty-one days after the bite, and after the hydrophobic symptoms had appeared, and still the patient's life was saved." All writers, from Celsus to the present time, have, with different degrees of conviction, insisted upon the importance of removing the bitten part, or destroying the poison in the wound. Although obviously nothing can be more fallacious than limited statistics on such a matter as the effects of the bites of rabid animals—since there may be a mistake as to the animals being rabid or not, or the wound may be inflicted in various ways, as through the dress or on a naked part—still there remains fair evidence, from collected cases, that prompt and sufficient treatment of the wound markedly lessens the liability to the disease. Bollinger ("Cyclopædia of Medicine," edited by Ziemssen, 1875), one of the most modern writers on hydrophobia, gives statistics which go to prove that, where cauterisation of the wound is resorted to, seven out of ten persons escape; whilst if no such means are used, eight out of ten die. These conclusions, thus rigidly stated, may be well open to question; but it will still be admitted that there remains evidence of lessened liability to the disease from local treatment. If this be admitted, it may be fairly inferred that, could the local treatment be made more perfect, the preventive effects would be greater; and, indeed, it would be a fair inference that if it were quite perfect, prevention would be absolute. The late Mr. Youatt, who was in his day considered the first living authority on canine madness, was four times bitten by dogs decidedly rabid. Each time he freely applied caustic to the wound, and remained free from the complaint. He operated on more than four hundred persons, who were unquestionably infected, and without losing a patient.

Against a disease so dreadful as hydrophobia, where treatment has always failed, and where the conditions of the disease are such as to lead to the reasonable conviction that failure will still attend our efforts to cure, it must certainly behove us to lose no chance of prevention. The question may even arise whether the prevalence of hydrophobia at the present time may not be due to defective local treatment of these hydrophobic wounds.

If the hydrophobic poison remains for a time inoperative in the bitten part, though there might be good reason for destroying it as quickly as possible, there would be none for attempting to do this hastily, and with the attendant risk of doing it imperfectly. Sucking the part in the meanwhile, if practicable, is desirable, and is unattended with risk, provided there are no abrasions on the lips. What means should in any given case be employed against the infection of the bite—whether removal of the part or destruction of the whole track of the tooth by mineral acids, nitrate of silver, or the like—I will not venture to say, lest my surgical friends should exclaim, "*Ne sutor ultra crepidam!*" But if I had to choose for myself, I would inhale ether, and have the whole track of the wound destroyed by strong nitric acid or nitrate of silver. I shall hope that we may have an expression of opinion from those who are better able than I am to give advice on this strictly surgical part of the question.

I am, Sir, your obedient servant,

Brook-street, November 13th, 1877. WILLIAM W. GULL.

"HYSTERICAL ANÆSTHESIA."

To the Editor of THE LANCET.

SIR,—Your correspondent, Dr. Mortimer Granville, who has done me the honour of referring to the few observations upon this subject which I made at the meeting of the Clinical Society, has not expressed my meaning quite correctly. I should not like it to be supposed that I accept his paraphrase of my words.

What I wished to say was, briefly, that the phenomena in question, as far as their essential characters are concerned, are as old as the days of Apollonius of Tyana, and probably much older. With differences in detail, to fit them to the spirit of the time, they crop up afresh every thirty or forty years; and they attract those lovers of the marvellous who are not old enough to remember the last epidemic. They have been investigated over and over again, and they have always resolved themselves into two variously blended elements; the exaltation or modification of nervous function which is produced by expectant attention; and the deliberate impostures practised by the subjects. Of these two elements, the first has often been present alone at the beginning of an outbreak; while the second has been added in gradually increasing quantity, as an appetite for wonders has become more and more developed among the bystanders. We are, or by reading we may become, perfectly well acquainted with the natural history of the effects of attention upon the organism, and with the growth of duplicity in hysterical persons, either male or female, as soon as they discover that they can render themselves objects of surprise and interest to others. The call for inquiry has always been made, in nearly the same terms; and, therefore, when I heard this dreary old clap-trap begin to jingle, I could not refrain from uttering a word about the experience of the past. It is one of the lessons of this experience that men of science are often, or even usually, on account of the grand simplicity of the scientific intellect, the worst possible investigators in such cases; their tendency being to overlook tricks worthy of a schoolboy, to assume the authenticity of the phenomena, and to explain them by some scientific hypothesis. A gentleman who was at the Clinical Society's meeting, but whose name I did not hear, suggested that I should investigate for myself, and I confess that his suggestion seemed to me to be irrelevant. As far as they are real, such phenomena, as those which were described, are as familiar to us as any others which arise out of morbid conditions of the nervous system; and, as far as their occurrence is concerned, they neither require investigation nor promise to reward it. When they cease to be real, they fall within the province of Dr. Lynn, or Mr. Maskelyne, or Robert Houdin, rather than within that of the physician. The belief that we shall increase our knowledge of nervous physiology or pathology by deserting the paths of legitimate research, and by following such *ignes fatui* as the acts and alleged feelings of hysterical patients, is one which, in my judgment, hardly calls for serious refutation. In conclusion, may I venture to recommend the perusal of Figuier's "Histoire du Merveilleux" to those who are interested in such events as they have occurred in former times, and the perusal of Dr. Carpenter's "Mental Physiology" to those who care to know how far the events themselves are susceptible of explanation in the present state of knowledge.

I am, Sir, your obedient servant,

Wimpole-street, Nov. 10th. R. BRUDENELL CARTER.

To the Editor of THE LANCET.

SIR,—Dr. Mortimer Granville, in a letter on the above subject in last week's LANCET, appears to me to have misapprehended the drift of the remarks which I made in the discussion on Dr. Henry Thompson's paper, at the Clinical Society, on October 26th; and as the subject is one of considerable interest to the profession at the present time, I trust that you will allow me clearly to define the standpoint which I have taken up in this matter.

In the discussion which followed the reading of the paper, I spoke previous to Mr. Brudenell Carter, but anticipated

to some extent the remarks which he afterwards made, and in which he suggested *trickery* pure and simple on the part of the patients as an explanation of the symptoms. This was a bold statement to put forward, considering that the cases in question have been investigated with the most minute and patient care for many months, not only by one of the greatest masters of clinical medicine in Europe, whose merit in original research is equalled by the judicial calmness and sagacity with which he conducts his investigations, but also by many other competent observers who have arrived at the same conclusions as M. Charcot.

As Mr. Carter has never seen the cases on which he gave his opinion with so much apparent conviction, Professor Charcot has since then, through me, invited that gentleman to come to Paris, and there to investigate the matter for himself. Mr. Carter has declared himself ready to go and be converted by "so distinguished an apostle" as the physician to La Salpétrière, but has at once qualified this admission by stating that he is not a scientific detective, and that nothing could alter his opinion on the phenomena, which were more fit for investigation by professed conjurors than by physicians.

Mr. Carter, like Lord Beaconsfield, is always amusing, both as a writer and a speaker; but his utterances on this point prove nothing except that he is, as an observer, afflicted by the not uncommon vice of "arbitrary scepticism." If any phenomena which do not at present admit of a satisfactory explanation are simply on that account to be denounced as sham and trickery, the field of scientific research must become singularly restricted. That such was the general feeling of the Society on this matter, was plainly shown by the reception of the remarks which subsequently fell from Dr. T. Barlow.

Dr. Mortimer Granville says that I do not conceive it possible that mental forces should act without the cognisance of the subject. I never said so, nor even implied that to be my opinion; but I hold that Dr. Russell Reynolds' explanation of the phenomena by mental processes, however well suited for ordinary symptoms of hysteria, is utterly insufficient for the succession of occurrences which may any day be observed in these now famous cases.

What, then, is the pathological peculiarity which distinguishes them from any of those which have been hitherto observed? It is not, as stated by another writer in THE LANCET, merely the return of sensation in an anæsthetic area; for this is only one of the symptoms presented by them, and by no means the most important one. To my mind, *the characteristic feature of these cases is unilateral spasm of the vaso-motor centre in the medulla oblongata, which can by certain proceedings be made to disappear on the side on which it existed, and caused to appear on the opposite side.*

This succession of phenomena has been shown not once, but many times, and occurs with the same regularity as a chemical experiment. It is, therefore, inapposite to compare the symptoms in question with those with which the names of Dr. Elliotson and the O'Keys are connected. Nothing is easier than to simulate convulsion; but the symptoms in Charcot's cases can be measured with instruments of precision, such as the thermometer. It has yet to be shown that a hysterical person, while surrounded and closely watched by doctors, can in a few minutes and at pleasure, cause the thermometer to fall by 10° or more on one side, and to rise by 10° or more on the other side of the body. It is also contrary to fact to say that the symptoms for which the metals are applied cannot be ascertained without calling the patient's attention to their existence. Anyone who has witnessed M. Charcot's demonstrations will be ready to acknowledge that, as a matter of fact, the symptoms *are* ascertained without the patient's attention being drawn to them. Much confusion has arisen in the discussion of these phenomena from incomplete acquaintance with them on the part of those who have discussed them.

Expectant attention on the part of the patients may possibly have existed at the time when metals were first applied to them, but is certainly not to be found now when they are absolutely sick and weary of the constant repetition of the same proceedings; and sometimes, with the vivacity peculiar to Frenchwomen, and which would in English hospitals be resented as insubordination, refuse to lend themselves to further trials of this kind. How also does expectant attention help us to explain the effects produced by the same appliances in organic hemianæsthesia and hemichorea? If simple operation of the "mental forces" of the patient is able to cure hemichorea after cerebral hæmorrhage, in a few minutes, then a new era must dawn for therapeutics; and if Dr. Mortimer Granville can remove the pain of cancer and sciatica by educating the patients to control their sensations, he will have accomplished an object of the greatest practical importance. The possibility of doing this was enunciated a hundred years ago by the Prussian philosopher Kant; but the practice of it has failed to achieve that success which Kant's reasoning had seemed to foreshadow.

None of the physicians who have gone to see and examine the cases in question have, as far as I am aware, shown themselves inclined to believe that there are "mystic forces" in operation through the agency of gold and other metals, which are likely to cause a revolution in therapeutics. They have mostly, like myself, expressed the opinion that we have in these cases to do with a totally new set of symptoms on the part of the nervous system, which are at present inexplicable, but none the less worthy of the deepest attention.

I am, Sir, your obedient servant,

Nov. 11th, 1877. JULIUS ALTHAUS, M.D.

THE

MEDICAL ASPECTS OF TOTAL ABSTINENCE.

To the Editor of THE LANCET.

SIR,—If you consider my mite of experience in the disuse of alcoholic drinks of any value, will you make a corner for it in your journal.

Being overworked at the early part of the year, with necessity for writing late into the night for some time, and feeling after taking wine that I was rather irritable and depressed, I determined to leave off all stimulants. This I did suddenly, and have continued to do so ever since, with one exception, about four months ago, when, after trying again for a few days I found myself better without, I again left them off. Now the result of my experience is this.

1. I have never done my ordinary work more easily to myself, feeling much more ready for overwork, much less sense of fatigue at the end of each day, have never suffered less from indigestion; appetite, perhaps, more inclined to sweets, but always good. But in one point I find a difference—namely, that one's heat-producing power is rather less, and, therefore, in hot weather it is an advantage, though in cold it is rather the contrary. With this latter exception I consider I have been very much a gainer, so much so that, with no serious reason to the contrary, I shall continue without alcohol.

2. At first I missed the pleasant flavours of the light wines, and for a fortnight the want of a heat-producer, but this passed off mainly by that time. However, I found that for the first three days the heat was better sustained than after. This I had found before, so that as regards myself the alcohol does not wholly escape from the system for three or four days at least.

3. With regard to the effort required to break through the habit of the moderate use of alcoholic beverages, much depends upon one's power over oneself in other matters; but I think it easier to give it up abruptly than gradually.

4. After a few weeks the habit of looking for alcohol, either as a flavourable or stimulating drink, ceases, and the contrary habit begins to arise, so that one at last wonders why one ever liked the flavours of many.

5. The desire for stimulating beverages depends upon a demand on the part of the system for fluid to compensate for that which has passed off under exertion. Many fluids supply this want, such as watery soups, tea, milk, fruit, &c., though, perhaps, the addition of alcohol tends to satisfy the desire rather more quickly, but not much more so; if one waits five minutes the same, or nearly the same, effect is produced. But as nearly all the ready-made drinks have alcohol in them, the latter has been credited with more virtue in this respect than is due to it.

The social difficulties attending an effort towards total abstinence, both in public and in private, would be too long for one communication, but they are none the less real;

and, as doubtless they tend to check the temperance reform greatly, I would urge their consideration upon all interested in the cause.

I am, Sir, yours faithfully,

George-street, Hanover-square, Nov. 10. J. BRAXTON HICKS.

THE TREATMENT OF ACUTE RHEUMATISM BY THE SALICYLATES.

To the Editor of THE LANCET.

SIR,—In your impression of November 3rd are several letters on the "Salicylates in Acute Rheumatism," consequent upon a case I reported in a previous number. I have already given the history of the case in question as fully as my notes would permit, and in so doing have expressed a doubt as to the value of salicin in treating rheumatism; but still I feel bound to reply briefly to your correspondents who have either misinterpreted some of my remarks, or have doubted the nature of the case quoted.

I do not presume, from a limited experience of the use of the salicylates, to assert positively that the sequel to this case was brought about by the action of the drug employed; my remark being that the remedy adopted in this instance had "somewhat shaken my confidence" of its value in treating acute rheumatism.

I fear Dr. Cavafy has regarded my notes on the state of the urine as tending to prove that the excess of phosphates present was due to an excess of elimination by the action of the salicin. This was not meant on my part. Though I regret I have not had an opportunity to read the papers published by Drs. Cavafy and Barclay in the eighth volume of the St. George's Hospital Reports, my remarks on the state of the urine were merely those of an ordinary character, to show the result of a periodical examination during the treatment of the case. I am aware that any excess of acid present, under salicylic treatment, should have taken the uric rather than the phosphoric form.

In preferring the alkaline salicylates to the uncombined acid in the treatment of rheumatism, as recommended by Dr. Cavafy, would it be possible to say, in the case of salicylate of soda, which played the more important part in producing recovery, the salicylate or its accompanying alkali?

In reply to Mr. Clement Lucas, who thinks that I may have mistaken a case of acute rheumatism for one of acute necrosis, I would ask whether a mitral regurgitant murmur ever appears during a course of the latter? Besides the profuse sweating present, with its marked odour, the great pain in all the joints, and not merely in those more seriously involved, and the aggravation of this pain at night, in connexion with other symptoms, leave but little doubt in my mind as to the nature of the disease.

Your correspondent "T. B." ventures to suggest that the case was one of "acute multiple periostitis." I am not acquainted with the nature of this disorder, and shall be glad if your correspondent will do me the favour to state where I may obtain some information respecting it, when he can himself recall some printed account of this disease, that I may compare the symptoms present during an attack of this with those during one of acute rheumatism.

Thanking you for allowing me so to trespass on your space,

I am, Sir, your obedient servant,

G. HERBERT LILLEY, M.D., &c.,
Assistant Medical Officer Warwick County Asylum, Hatton.

November 15th, 1877.

THE GOLDEN SQUARE HOSPITAL.

To the Editor of THE LANCET.

SIR,—Will you allow me space to comment upon one or two statements made by Dr. Prosser James in his letter on the subject of the recent disclosures relative to the Throat Hospital, which appeared in your journal of last week?

Dr. James states that "certain individuals" met and held a "so-called" inquiry into the medical department of that charity, and that the inquiry was held without the assistance of the members of the staff, who received no communication from the individuals constituting the committee. In making such statements, one can hardly suppose that Dr. James could have been aware that the inquiry was instituted by the Marquis of Bute, the President of the Hospital, at the request of the Prince of Wales, then Patron of the charity; or that the members of the committee consisted of three noblemen intimately connected with the hospital (two of them having served the office of President), and a distinguished member of his own profession; nor could he have known that the hospital committee had been requested by the Marquis of Bute to send such witnesses as they considered desirable. One can only presume that, if Dr. Mackenzie and his friends wished any of the other members of the medical staff to be present at the inquiry, they would have communicated with them. Dr. James further states that the committee appear to have met to listen to allegations made by "dissatisfied officials who had either resigned or been dismissed." If he had taken the trouble to make inquiries before writing this, he would have learnt that the charges were made by certain late members of the Committee of Management, some of whom had been for many years members of that body, but who resigned owing to the alleged mismanagement of the medical department by Dr. Morell Mackenzie. That it was a difficult matter to institute any reform, may be well understood when it is mentioned that Dr. Mackenzie had, in addition to many most intimate friends, no less than six relatives on the committee. If Dr. James had made still further inquiries, he would have found out that the "dissatisfied officials" who resigned consisted of four members of the Committee of Management, and the surgeon, secretary, and matron. A porter of the hospital was certainly summarily dismissed by Dr. Mackenzie, without the sanction of the committee, on a charge which the man alleged to be entirely unfounded; but that is hardly a sufficient justification for the assertion made that the dissatisfied officials had either resigned or been dismissed, especially as this arbitrary dismissal of the porter was one of the charges inquired into.

Dr. James does not appear to understand the position in which the medical staff are now placed.

The charges were brought against the Medical Superintendent, and not against the whole medical staff; but when the staff holds a meeting, at which Dr. James, I believe, was present, and proceed to pronounce such charges to be unfounded, from that moment it must be admitted that the staff assumes a share of the responsibility of the actions of the Medical Superintendent; and it appears childish on Dr. James's part to protest against the entire staff being implicated in the matter.

The history of this inquiry held by the medical staff, as at present known, seems a curious one; and I would ask Dr. James to state publicly—

1. Whether at this inquiry the staff called upon those who had made the charges to substantiate them; or, if not, by whom the charges were supported?

2. Whether the staff called the same witnesses that were examined at the Court of Inquiry? or, if not, whether the shorthand notes of the evidence taken at that inquiry were submitted to them?

3. Whether they satisfied themselves that the charges they inquired into were identical in every respect with those investigated by the Court of Inquiry?

I remain, Sir, your obedient servant,

November 14th, 1877. H. K. EVANS.

To the Editor of THE LANCET.

SIR,—The reference you have courteously appended to my letter adds to the force of its argument, and completely exonerates the staff of the Throat Hospital from the charge of maintaining silence. It establishes the fact that on the 20th of October—just a fortnight before you challenged the staff to speak, or take the consequence—you had yourself incidentally mentioned the purport of a resolution unanimously adopted by them, but which you had not printed, merely because, as you now state, it was a "curt repudiation" of the charges made. As that resolution reached you in time for publication in your issue of August 4th, they cannot be justly upbraided with keeping silence from that date. If their resolution appeared too curtly worded, they alone could have been held responsible for their phraseology.

In spite of their unsuccessful effort at publicity, you this

week "repeat" that the staff have "neglected" the duty of "meeting the specific charges boldly, taking the profession into their confidence." Why, this is exactly what they did when, on the 31st of July, they forwarded to you the resolution which, after due deliberation, they had unanimously adopted.

Again, you complain that the "proceedings seem to be enshrouded in needless obscurity." This is the fault, not of the staff, but of the "Committee of Inquiry," whose "imputations, privately made, have been enshrouded in needless obscurity" from members of the staff.

Once more, you say "it would be simply obeying the natural impulse of a keen sense of honour to repudiate in public the imputation privately made." It was in obedience to this impulse that the staff forwarded to you the resolution which had the misfortune to be too curt to secure publicity through your columns. It seems to me that "imputations privately made" are quite incompatible with "a keen sense of honour," and may therefore be safely treated with contempt.

I am, Sir, your obedient servant,

Dean-street, Park-lane, W., Nov. 13th. PROSSER JAMES.

DR. SAYRE'S PLASTER-OF-PARIS APPARATUS.

To the Editor of THE LANCET.

SIR,—On p. 481 of your issue of 22th Sept., 1877, you refer to an article from the *Lexington Press* (which was issued during my absence from the country), charging me with having taken the idea of my treatment of spinal curvature by suspension and the use of plaster-of-Paris bandage from Dr. Bryan, of Lexington, Ky.

By referring to my first report on Pott's disease, and its treatment by suspension and the plaster-of-Paris jacket, in the Transactions of the American Medical Association for 1876, p. 585; also to my recent work on Spinal Curvatures, &c., by Smith, Elder, and Co., 15, Waterloo-place, London, you will see, by a letter to me from Dr. Bryan himself, that this charge is absolutely false.

By giving this insertion you will very much oblige,

Yours most respectfully,

Fifth-avenue, New York, Oct. 31st, 1877. LEWIS A. SAYRE.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on the 13th and 14th inst.:—

Beard, Spencer F., L.S.A., Haywards-heath.
Bellwood, John, L.R.C.P. Ed., Addiscombe.
Bernays, Augustus C., M.D. Heidelberg, St. Louis, U.S.
Bottrell, James F. H., L.S.A., Hereford.
Claremont, Claude C., Camden-town.
Crallan, George E. J., Haywards-heath.
Cross, Horatio R. O., L.R.C.P. Ed., Craven-st., Strand.
Davidson, Alexander D., L.S.A., Erith, Kent.
Dickinson, George D., Darlington.
Elam, William H., Mirfield, Lancashire.
Flint, Horace, M.B. Ed., Canterbury.
Fort, Thomas, L.R.C.P. Ed., Lindrith Tower, Silverdale.
Gabb, J. P. Alwyne, Bewdley.
Goode, Charles F., L.S.A., Haverfordwest.
Goss, Samuel, Sidmouth.
Greasley, John, L.S.A., Canterbury.
Greasley, Joseph, Melton Mowbray.
Greenwood, Arthur, L.S.A., Chipping Norton.
Hollingsworth, John, Sheffield.
Hornsby, G. Harcourt, L.S.A., Bevergrave.
Hunt, Robert, Preston.
Lane, William A., Woolwich.
Lighton, H. A. Hamilton, Ross.
Mauby, H. Lynsey, East Rudham.
Newmarch, B. James, South Eaton-place.
Orlebar, Hotham G., M.B. & C.M. Aberd., St. Leonard's-on-Sea.
Palm, William S., M.B. Ed., Rotterdam.
Paulley, J. N. Legge, Weymouth.
Prickett, Marmaduke, Bridlington.
Richards, Thomas, L.S.A., Salisbury.
Stevenson, Walter T., L.S.A., Snaith, Yorkshire.
Taylor, Frank, L.S.A., Bristol.
Taylor, R. Stanley, Derby.
Thomas, H. William, L.S.A., Beaumaris, North Wales.
Thomas, William, Anglesea.
Tuchmann, Marc, M.D. Berlin, Haverstock-hill.
Underwood, Arthur S., Bedford-square.
Walker, C. Edward, Darlington.
Whitehead, Heywood R., Harrow.
Wilkinson, Arthur T., Didsbury, Lancashire.

UNIVERSITY OF LONDON.—The following is a list of the candidates who have passed the recent Second M.B. Examination:—

FIRST DIVISION.

Barrow, Albert Boyce, King's College.
Horrocks, Peter, Guy's Hospital.
Joll, Boyd Burnett, University College.
Smith, Herbert Urmson, St. Thomas's Hospital.
Symonds, Charters James, Guy's Hospital.
Tirard, Nestor Isidore Charles, King's College.

SECOND DIVISION.

Bury, Judson Sykes, University College.
Cattle, Charles Henry, Leeds School of Medicine.
Chapman, Paul Morgan, University College.
Collins, William Edward, St. George's Hospital.
Cooke, Edward Marriott, King's College.
Giles, George Michael James, St. Mary's Hospital.
Goodchild, Francis, St. George's Hospital.
Gristock, William, University College.
Keyworth, George Hawson, Guy's Hospital.
Mortimer, John, University College.
Plumbe, Samuel Thompson, St. Bartholomew's Hospital.
Ryley, James, University College.
Sankey, Herbert R. Octavius, University College.
Sedgefield, Arthur Robert Wyatt, King's College.
Snell, Edward Arthur, King's College.
Stevenson, Lender Henry, Guy's Hospital.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine and received certificates to practise on Nov. 8th:—

Craddock, Frederick Hurst, St. Luke's Hospital.
Hammond, Alex. Billing, Queen-street, Finsbury.
Hepburn, Alfred, Upper Bedford-place.
Johnson, Christopher J. Byron, Whitwick, Leicestershire.
Ling, Maurice Edward, Saxmundham.
Murray, Charles Herbert, Kensington-road.

The following gentlemen also passed the Primary Professional Examination:—

Edward George Betts, Middlesex Hospital; Joseph Sutcliffe, St. Thomas's Hospital.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen passed their First Professional Examination during the recent sittings of the Examiners:—

Thomas William Drinkwater, Carlow; Patrick Francis Black, Co. Meath; John Lyon, Liverpool; Ivon Lewis Murdoch, Pitaligo; Saml. Stumbels Phillips, Kilmallock; John Purcell, Cork; Robert Arthur Mossman, Lincolnshire; John Hannay, Dudley; James Smyth, Co. Limerick; Percy George Mahony, Preston; Walter Lorrain Rankin, Govan; Thos. James MacLoughlin, Co. Meath; Albert Vaughan Williamson, Middlesborough; Edward Parlane Macfarlane, Islay; William Crofts, Cork; David Taylor, Down; John Currie Steele, Johnstone; Richard Hanser Whiteley, Wakefield.

And the following gentlemen passed their Final Examinations and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:

James Claudius Pollock Muir, Luton, Beds; Edmond James Lawless, Malta; Robt. Reid Rentoul, Co. Antrim; Walter King Loveless, Stockbridge, Hants; Robert Knox Wighton Redpath, Edinburgh; Lewis Eastwood, Halifax; John Swain Scrivex, Weymouth; Samuel Kennedy, Co. Down; Henry Ebenezer Spencer, Leicestershire; Samuel Rayner Holdsworth, Wakefield; John Alexander M'Mann, Sligo; Abraham Blunden, Kilkenny; Thomas Stewart Traill Smellie, Fergus, Ontario; Joseph Woods Moody, Newry; Arthur Harry Norman, Colchester; William Alexander M'Kee, Cromlin; Edwin Addison Marsh, London; Frank Augustus Coward, Cape of Good Hope; Alfred Henry Miller, Portsmouth; John Richard Cullinan, Co. Wexford; Edwd. Alexander Doyle, Lancashire; David Brown Warden, Ayrshire; Edward Arthur Whiteley, Wakefield; John Gill, Leadhills; Andrianaly, Madagascar; Alexander Gunn, Caithness-shire; Reginald Archfield Fergusson, New Granada, South America; Edwin Moses Ford, Mansfield, Notts; Geo. Taylor Goggin, Co. Clare.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their First Examinations during the October *sederunt*:—

John Rankine, Stirling; John Hay Caird, Fort George; James Lang, Renfrewshire.

And the following gentlemen passed their Final Examination and were admitted Licentiates of the College:—

Robert William Hewson, Salisbury; James Mann, Nairn; John Caithness Innes, Marykirk; Francis James Beresford, Leicestershire; Walter Burns, Ayr.

NEWS has arrived of the death of the African explorer, Dr. de Bary, formerly a physician in Malta. He died in the land of the Twaregs, in Northern Africa.

MRS. BELL, of Balgray, Forfarshire, bequeathed £1000 to the Senatus Academicus of the University of St. Andrews, for the purpose of founding a Scholarship in Arts or in Medicine.

THE inauguration of Dr. Graves's statue, which was intended to take place last Monday at the College of Physicians, has been postponed until further notice. It will, however, be unveiled some time this month.

BENJAMIN BARROW, Esq., F.R.C.S., consulting surgeon to the Royal Isle of Wight Infirmary, justice of the peace and alderman of the borough of Ryde, has been elected for the fourth time in succession mayor of that town.

THE eminent Dublin surgeon, Mr. Butcher, has presented the sum of £1000 towards defraying the cost of a life-boat for the coast of Kerry. The gift is intended to perpetuate the memory of his father, Admiral Butcher, and his brother, the late Bishop of Meath.

MR. W. WRIGHT, for many years resident medical officer to the Pontefract General Dispensary, was found dead in his sitting-room on Friday in last week. He had been attending his patients during the day as usual. He was widely known as an antiquarian.

Medical Appointments.

AINLEY, D., L.R.C.P.Ed., M.R.C.S.E., has been reappointed Medical Officer of Health for the Halifax Urban Sanitary District, at £100 per annum for three years.

ALLEN, E., M.B., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Higher or Hawes District of the Aysgarth Union, Yorkshire, vice Thompson, resigned.

BRODIE, T. B., L.R.C.P.Ed. & L.M., L.R.C.S.Ed., has been appointed Medical Officer for the Spiddal Dispensary District of the Galway Union, Medical Attendant to the Royal Irish Constabulary, and Admiralty Surgeon and Agent for Spiddal and Costello Bay, vice O'Dea, resigned.

BROWN, J., L.R.C.P.L., has been appointed Medical Officer of Health for the Bacup Urban Sanitary District, vice Worrall, resigned, at £100 for one year.

BURRELL, A. M., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Morven, Argyllshire, vice Macrae, resigned.

COATES, S. B., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the No. 4 Dispensary District of the Belfast Royal Hospital, vice Mark, resigned.

COSTELLO, H. K., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, &c., for the Ferbane Dispensary District of the Parsonstown Union, King's County, vice Charlton, resigned, at £120 per annum and fees, and £25 per annum as Medical Officer of Health.

DOBSON, H., M.B., has been appointed a Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton, vice Collins, whose period of office has expired.

DONKIN, W. F., M.A., F.C.S., has been appointed Public Analyst for the Borough of Abingdon, at 21s. per analysis for the first hundred, 10s. 6d. per analysis for the second hundred, and 6s. per analysis beyond; and 21s. for each analysis of water.

GRAY, J. C., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Tetford District of the Horncastle Union, vice Ward, whose appointment has expired.

HALL, E. F., M.D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for the Huyton-with-Roby Urban Sanitary District, at £20 per annum.

HANCOX, W. M., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Bilston Urban Sanitary District, Staffordshire, at £50 for one year.

HARVEY, H. F., M.R.C.S.E., L.S.A.L., has been appointed House-Surgeon to the Brighton and Hove Lying-in Institution, vice Blaker, resigned.

HAYWARD, T. E., M.R.C.S.E., L.S.A.L., has been appointed House-Physician to the Westminster Hospital.

HUNTER, T., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Revesby District of the Horncastle Union, vice Cheatle, resigned.

JEWELL, C., M.R.C.S.E., has been appointed a Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton, vice Ritchie, whose period of office has expired.

JOSEPH, S. W. L., M.D., L.R.C.P.I., M.R.C.S.E., has been appointed a Surgeon to the Hastings Dispensary, vice Humphreys, resigned; and an Assistant-Surgeon to the East Sussex, Hastings, and St. Leonard's Infirmary, vice Campbell.

KENYON, Dr. G. A., has been reappointed Medical Officer of Health for the Chester Urban Sanitary District, at £240 per annum for three years.

LOUGHNAN, Dr. M., has been appointed Medical Officer, Public Vaccinator, &c., for the Rathmullen Dispensary District of the Milford Union, co. Donegal, vice West, resigned.

LUDWIG, Dr. G., of Darmstadt, has been appointed Resident Medical Officer to the German Hospital, Dalston, vice Obermüller.

LYDEN, M. J., M.D., has been appointed Medical Officer, Public Vaccinator, &c., for the North Division, No. 2, of the Castlebar Dispensary District, Castlebar Union, co. Mayo, vice McNulty, resigned.

MOORE, R., M.D., C.M., has been appointed Resident Surgeon to the Worksop Dispensary, and Medical Officer to the Worksop Hospital, vice Hamill, resigned.

NICHOLSON, A., M.B., L.R.C.P.L., M.R.C.S.E., has been appointed a Surgeon to the Sussex and Brighton Infirmary for Diseases of the Eye, vice Taaffe, resigned.

RAINSFORD, Dr. R., has been appointed Oculist to the National Institution and Molyneux Asylum for the Blind, Dublin, vice Wilson, deceased.

SANDERS, T., F.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for Nos. 4 and 5 Districts of the South Molton Union, vice Dickinson, resigned.

SEMPLE, Dr. C. E. A., has been appointed fourth Physician to the North-Eastern Hospital for Children, Hackney-road.

WALKER, W., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Kirkiestham Urban Sanitary District, Yorkshire, at £20 for one year.

WALTER, C. C., M.R.C.S.E., has been appointed Medical Officer to the Dover Prison, vice Walter, deceased.

WANKLYN, Dr. J. A., has been appointed Public Analyst for the Borough of Shrewsbury, vice Blunt, whose appointment has expired, at 21s. per analysis.

WATSON, Dr. T. H., has been appointed Assistant Medical Officer to the Fife and Kinross Lunatic Asylum, Cupar, vice Foot, appointed a Medical Officer to the Walsingham Union.

WHITTY, P. J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, &c., for the Ullid Dispensary District of the Waterford Union, vice Redmond, resigned, at £120 per annum and fees, and £20 per annum as Medical Officer of Health.

WICKSTEED, F. W. S., M.R.C.S.E., has been appointed a Surgeon to the Weston-super-Mare Hospital and Dispensary, vice Martin, resigned.

WILSON, G., M.D., has been appointed Medical Officer of Health for the Kenilworth Urban Sanitary District.

WING, C. E., L.R.C.P.Ed., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator for No. 3 District of the Thingoe Union, Suffolk, vice Coe, resigned.

Births, Marriages, and Deaths.

BIRTHS.

EASTES.—On the 10th inst., at Connaught-street, Hyde-park-square, the wife of George Eastes, M.B., of a son.

FIELD.—On the 9th inst., at Lower Seymour-street, Portman-square, the wife of George P. Field, M.R.C.S., of a daughter.

MADGE.—On the 11th inst., at Upper Wimpole-street, the wife of Henry M. Madge, M.D., of a daughter.

MAHON.—On the 2nd inst., at Apsley-Guise, the wife of G. A. D. Mahon, M.R.C.S.E., of a daughter.

WALKER.—On the 6th inst., at The Grove, Portland, the wife of George E. Walker, L.R.C.P.I., of a son.

MARRIAGES.

LEWIS—GRIFFITHS.—On the 24th ult., at St. Peter's, Machynlleth, Frederick Williams Lewis, M.R.C.S.E., to Frances Mary, daughter of the Rev. Canon Griffiths.

PARSONS—DEAKINS.—On the 7th inst., at St. Matthew's, Bayswater, Charles William Nicholas Parsons, M.R.C.S.E., to Laura, daughter of Francis H. Deakins, Esq.

DEATHS.

ADAMS.—On the 8th inst., at Highfield-terrace, Rathgar, co. Dublin, George Adams, L.A.H.D.

BAKER.—On the 6th inst., at Howden, Yorkshire, Dr. William Keyworth Baker, aged 90.

BROCK.—On the 2nd inst., at Hove, Sussex, Frederick George Brock, Surgeon, aged 80.

CHANDLER.—On the 28th ult., at Redwick, Gloucestershire, John Moss Chandler, Surgeon, aged 80.

DARKER.—On the 9th inst., at Edith-road, Peckham, Frederick William Darker, M.R.C.S.E., aged 24.

DAVIS.—On the 7th inst., at Newry, William Alexander Davis, M.D., aged 80.

GLYN.—On the 11th inst., Herbert Arthur Glyn, M.B., Junior House-Surgeon of the Borough Hospital, Birkenhead, aged 23.

HALL.—On the 4th inst., at Caterham, William Hall, Surgeon, aged 81.

HUGGINS.—On the 15th ult., at Richmount, Edgeworthstown, co. Longford, John Huggins, M.D., aged 94.

PURDON.—On the 9th inst., at Dublin, William Stanley Purdon, M.B., aged 36.

SANDIFORD.—On the 1st September, at sea, on board the s.s. *Mira*, Robert T. Sandiford, L.R.C.P.Ed., M.R.C.S., L.S.A.L., & L.M., late Civil Medical Officer at Bogra, Bengal, aged 37, deeply regretted.

SELKIRK.—On the 15th September, at Windsor, New South Wales, John Selkirk, M.R.C.S.E.

TARN.—On the 7th inst., at Knowles-hill, Newton-Abbot, John Tarn, F.R.C.S.E., Staff-Surgeon, R.N., aged 84.

WRIGHT.—On the 9th inst., at the General Dispensary, Pontefract, William Wright, M.R.C.S.E.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

BOOKS ETC. RECEIVED.

J. E. Erichsen: Science and Art of Surgery. Vols. I. and II.
Dr. McCall Anderson: Clinical Medicine.
Dr. A. B. Shepherd: Pulmonary Consumption.
The Practitioner. November.
The Monthly Magazine of Pharmacy, Chemistry, Medicine, &c. November.
H. Beasley: The Pocket Formulary.
Surgeon-General F. Longmore: Gunshot Injuries.
The Journal of Anatomy and Physiology. October.
The Dublin Journal of Medical Science. November.
J. D. Everett: Shorthand for General Use.
S. S. Hellyer: The Plumber and Sanitary Houses.
Dr. A. Wood Lessing: Nathan the Wise. In English Blank Verse.
W. H. White: The Main Drainage of Oxford.
Dr. T. L. Nichols: The Diet Cure.
R. Parker: The Prospects of Surgery.
Rai Ram Narain Dass Bahadoor on Lateral Lithotomy Operations.
Transactions of the College of Physicians of Philadelphia. Third Series. Vol. III.
C. Gautray: New Treatment of some Serious Diseases by means of Heat and Cold.

THE DENTAL LICENCE.

THE following is the Report, dated the 12th of June, 1877, of the Committee of the Council of the Royal College of Surgeons on certain questions relating to the Diploma in Dental Surgery of the College, which was adopted at the meeting of the Council on the 8th inst. Members of the Committee: Mr. F. Le Gros Clark, Chairman; the President; the Vice-Presidents.

REPORT.

The Committee appointed on the 12th of April, 1877, to take into consideration the several accompanying "communications in reference to the Dental diploma, to consult with the Dental Board and any other persons they may think proper thereon, and to report to the Council thereon," have this day met, and, having conferred with the Dental Board, and with representatives of the Association of Surgeons practising Dental Surgery and of the Licentiates in Dental Surgery of the College, respectively, and having fully considered the questions raised in the said papers, have unanimously agreed to the following Report to the Council, viz.:—

That the Licence in Dental Surgery of the College should in itself be considered a sufficient qualification to enable its possessor (subject, as regards Lecturers, to the approval by the Dental Board of the usual returns required by the Regulations) to hold either of the following offices—viz., Lecturer on Dental Anatomy, Lecturer on Dental Physiology, Lecturer on Dental Surgery, Lecturer on Dental Mechanism, or Dental Surgeon to a Special Dental Hospital, or the Dental Department of a recognised Hospital; and that, moreover, looking to the special education which is prescribed for the Dental diploma, and which is not provided for in the curriculum of professional study for a Surgeon, it is essential that in future certificates should be received only from the holders of these offices, hereafter appointed, who, in addition to any other qualification they may possess, shall have obtained the Licence in Dental Surgery of the College, excepting the offices of Lecturer on Dental Anatomy and Physiology, which may be held by any qualified Practitioner or by a Licentiate in Dental Surgery of the College.

The Committee accordingly recommend to the Council that on and after the 1st of October, 1878, certificates be not received from any holder of the before named offices, with the exceptions mentioned, appointed on or subsequent to that date, unless he be a Licentiate in Dental Surgery of the College.

The Committee have also to represent to the Council that in their opinion the time has now arrived that the Examination for the Dental diploma should be gradually extended and improved; by which means it is reasonable to expect that the objections, with respect to the incapacity for teaching of the possessors of the qualification, as urged by the Association of Surgeons practising Dental Surgery, will be removed.

And the Committee further recommend that this Report, if approved and adopted by the Council, be referred to the Board of Examiners in Dental Surgery, with a request that the Board will take such steps as they may think proper, to give effect to the recommendations which it contains.

F. LE GROS CLARK, Chairman.

Notes, Short Comments, and Answers to Correspondents.

SMALL-POX IN THE ISLE OF MAN.

SMALL-POX has been prevalent for some months in the Isle of Man, the disease having been imported thither by a visitor. Since the 8th July last there have been altogether 102 cases in the town of Douglas. Of this number, 27 had been vaccinated, 62 not vaccinated, 1 inoculated, and 12 vaccinated after inoculation. The deaths among the unvaccinated have been 20; while of those vaccinated, 3 only succumbed. The Lieutenant-Governor of the island has issued a minute on the epidemic, in which the following deductions are made:—That the statistics of the disease as observed in the island and elsewhere point to the necessity of compulsory vaccination; that the Common Lodging-House Act should be so amended as to bring within its scope those houses that are let out in single rooms or flats, and which are to all intents and purposes common lodging-houses, as in the common lodging-houses, as at present defined, there has not been a single case of small-pox; the necessity of the appointment of a responsible sanitary officer for the whole island; the compulsory closing, where water can be obtained from the mains, of all wells within towns into which sewage and animal matter are likely to percolate; and lastly, the Lieutenant-Governor urges the provision of hospital accommodation for infectious diseases.

Mr. Edward Cotterell is thanked; but we are of opinion that nothing would be gained by raising the question.

Dr. Hamilton.—Dr. Russell Reynolds; Dr. Hughlings Jackson; Dr. Bastian.

"CONGESTION OF THE LUNGS."

To the Editor of THE LANCET.

SIR,—In reply to your correspondent, "M.D., B.Sc.," I think it may be stated that when one hears of death from congestion of the lungs, nine times out of ten capillary bronchitis is referred to. It is easy to object to the term, but difficult to suggest a better for ordinary purposes. Surely congestion is a pathological condition. The lung has bloodvessels and air-passages, either of which may become congested. Arterial congestion occurs in the early stage of bronchitis, of pneumonia, around deposits, &c. Congestion of the pulmonary vessels occurs either from capillary stasis, as in the hypostatic congestion of typhus; or from mechanical obstruction, as in mitral disease; congestion of the bronchi and alveoli in bronchitis and in alveolar catarrh. Surely also the vascular system of the liver may become over-distended, and the term "congestion" applied without insult to pathological science. The word is useful for the laity, to whom it may be difficult or unnecessary to explain minute anatomical details.

Yours &c.,

Nov. 12th, 1877. M.D., B.S.

FALSE CHARGE AGAINST A SURGEON'S ASSISTANT.

ONE of those painful, but happily rare, cases in which members of our profession are made the victims of a groundless charge, the product of a disordered brain, has just occurred at Northampton. In this instance the patient was a married woman, who had been placed under chloroform for the performance of some operation on the teeth. A female friend, who was present during the earlier part of the proceedings, seems to have left the room, and the patient, after her recovery from the anæsthetic, alleged that an offence had been committed by the surgeon's assistant, she being at the time conscious, but powerless. The magistrate accredited the imputation, and sent the accused for trial at the assizes, *refusing bail*. After two months of irreparable indignity, the surgeon's assistant has been acquitted, without a stain on his character. Dr. B. W. Richardson explained the nature of anæsthesia, showing the frequency of delusions, and the jury gave their verdict without troubling the Judge to sum-up. Mr. Justice Hawkins pointed out the satisfactory and conclusive character of the acquittal, and "congratulated Mr. Howard upon having had an opportunity of fully vindicating himself from the charge.....No one could doubt, after the evidence of Dr. Richardson, the prosecutrix must have been under a delusion." This should be some consolation to the accused; but it does not make amends for the insult and injury inflicted. It would be idle to blame the victims of delusion for acting upon their morbid imaginings, and no man has a right to expect the friends of a patient, making an accusation of this nature, will hold entirely aloof, or exercise more than ordinary intelligence. The only safeguard is the precautionary measure of insisting upon the presence of a third person, when possible a staid and respectable married woman, during the whole of the proceedings. We cordially join in the congratulation offered by the Judge before whom the case was tried, and can only add that it is well the testimony of so expert and credible a witness as Dr. Richardson was forthcoming in aid of justice.

DAVOS AS A HEALTH RESORT.

To the Editor of THE LANCET.

SIR,—I noticed with great pleasure the two articles in your journal written by Dr. Clifford Allbutt on "Davos as a Health Resort," and I fully agree with the view he took on the subject. I was particularly pleased with the hints he gave on the nature and treatment of phthisis, and on this head I have very little to add. The air of Davos is antiseptic, and this peculiarity must be of the greatest value in the treatment of various maladies, such as phthisis, malaria intermittens, &c., because the patient is at once removed to a place where he cannot be infected anew, and where the germs of the disease that are already in the body are prevented from reproducing or developing themselves. This, I believe, is the reason why these self-reproducing maladies are treated here with the best results. But in my opinion there is in the air of Davos still another element to which I would like to call your attention. Dr. Allbutt says, "My first question was, Where are the patients? Round the table, with few exceptions, one saw ruddy faces, and heard cheerful voices, only muffled by the needs of vigorous appetites"; and at another place, "The appetite is improved, and primary assimilation *seems* to be hastened and favoured." Dr. Allbutt was evidently quite aware that the appetites were good, and that the ruddy faces did not look like those he was accustomed to see in hospitals for consumption, and I am sure he will believe that the assimilation *is* hastened and favoured when I tell him that we seldom meet with a patient here who does not gain ten, twenty, or thirty pounds in weight during a winter's stay; and I know by my own experience that the increase of appetite is, if not the first symptom of a good cure, at least always contemporary with the decline of fever.

If we keep these facts in view, and ask ourselves what diseases should be sent to a place with such a strengthening and stimulating air, the answer, I believe, cannot be difficult. In the first place, we can send to Davos all cases where we only desire to invigorate and improve the constitution. Convalescents from severe and acute diseases will be benefited here, but they must be so far advanced in their recovery as to be able to walk or sit in the open air. A favourable result may also be confidently expected where convalescence is retarded by the malady assuming a chronic character or by a secondary illness; of such maladies typhus, pneumonia, pleurisy, diphtheria, scarlatina, &c., are examples. Further, cases should be sent to a mountain health-resort where we wish to work on the complaint itself by strengthening the constitution—viz., cases of anæmia, chlorosis, scrofulosis, and the functional affections of the nerves and digestive organs.

I wish to dwell a moment on the last-named class of diseases, which, although I put them at the end of my remarks, give perhaps the best results arrived at by treatment here—results hardly sufficiently appreciated, as it seems to me, by your correspondent. If we accept the statement that assimilation is hastened and favoured in this climate, then it is natural enough, for that reason alone, to send sufferers from indigestion to a mountain health-resort. But, further, in my opinion, the antiseptic condition of the air plays the chief part in working cures of the sort. In the plains a great number of germs (fungi and the lowest animal organisms) are introduced into the body with the food, particularly with the liquid portion of it, such as water, beer, milk, &c. These germs give rise to a sour or putrid fermentation, retard digestion, and often produce an acute catarrh of the stomach. Such dangers we have no reason to fear in a climate like ours.

At present I would only mention the following maladies as counter-indicated, though I should gladly reserve myself the right to refer to this point at some future time in THE LANCET with statistics: *organic* diseases of the heart and great vessels of the brain, liver, and kidneys, tendency to rheumatism, *nervous* asthma, emphysema, and senile maladies.

Yours &c.,

DAVOS PLAZ, Nov. 7th, 1877. C. BUEDI, M.D.

THE INTERESTS OF FOREIGN MEDICAL GRADUATES.

Surgeon suggests to those gentlemen possessing foreign medical degrees that they should form themselves into a Society to promote the fairer treatment of foreign graduates by the Legislature.

HYDROPHOBIA FROM THE WOLF.

MR. E. ROE, Civil Surgeon, Muttra, sends a brief account of a case of hydrophobia, occurring from the bite of a wolf, to the *Indian Medical Gazette*. The victim, a Hindoo boy, was sitting outside his house, when a wolf came, seized him by the back of the neck, and attempted to carry him off. The child was immediately rescued by his father, who drove the animal away. The incisions made by the teeth healed in about four days. Seventeen days afterwards symptoms of hydrophobia became apparent, and the child was taken to the native hospital in Muttra, where he died about fourteen hours after admission. The only remedy tried was chloral, given by mouth and subcutaneously.

M.R.C.S. should forward the information he sends us to the publishers of the Medical Directory.

Two Surgeons who have submitted a specimen should give their names.

WESTMINSTER HOSPITAL.

To the Editor of THE LANCET.

SIR,—May I be permitted to correct some remarks about the Westminster Hospital which appear in the current number of THE LANCET, and which may perhaps convey an erroneous impression.

It is true that the strike amongst the masons unfortunately prevented the completion of the works by the 20th of September, the date fixed in the builder's contract; but there has been no strike amongst the bricklayers, and, except in front, where the greater part of the stone-work is required, the work proceeded, and ought no doubt to have been completed by the above date. There is no occasion, however, to exaggerate the backwardness of the work.

Two floors, of six wards each, are completed, with all their additions and improvements, and seven of them are already well filled with patients. The ground-floor wards will be ready before the remainder of the first-floor wards are filled. There is only one ward in the front of the hospital, and that, in consequence of the strike, cannot be ready much before Christmas. All the new work at the top of the building is finished, but cannot, of course, be occupied until it is thoroughly dry.

The alterations of the hospital amount almost to a transformation. The builder must be held responsible for the inconvenient delay which has occurred; but it is most satisfactory to know that the sanitary arrangements of the wards which have been completed enable them to bear comparison with those of the most recently constructed hospitals.

I need not say that the authorities will be glad to show the hospital to any of your readers who are interested in hospital construction.

Your obedient servant,
GEORGE COWELL, Senior Surgeon.

Westminster Hospital, Nov. 14th, 1877.

M.B. Lond.—It must surely be generally known that advertisers cannot direct letters to be left at a post-office, and that the use of assumed names is interdicted.

Constant Reader.—The subject is now well before the profession, and there is an opportunity for individual effort.

Mr. A. J. Little.—Frankland; Dupré; Heaton.

TOTAL ABSTINENCE.

To the Editor of THE LANCET.

SIR,—Not in the interests of total abstinence, but with the view of seeing an argument properly conducted, I beg your permission to make a few comments upon the illogical letter from Mr. Brudenell Carter, which appeared in your issue of the 27th ult. I am afraid the "sound basis of medical knowledge and experience" will not be laid by his contribution to the question, since it consists simply of two or three imperfect personal experiences, a good deal of general statement, and a most pretentious and unsupported animadversion upon laboratory work.

As regards Mr. Carter's personal experience, we have no details to enable us to judge of the validity of his experiments. Were the conditions of strict experiment fulfilled? Were the two states of existence prior to and during the period of abstinence precisely the same, with the sole exception of the element of alcohol? Until we have particulars sufficient to enable us to estimate the value of these trials they cannot be admitted into the argument. Speaking generally of these, I should say that two months (the period of the first experiment) or four months (the duration of the second trial) were far too short to furnish a conclusive test, and for the following reason:—The status of the constitution is the result of the various agencies, internal and external, which act upon it. Let us take a period when the constitution has adapted itself to the conditions usually affecting it, and when consequently a natural equilibrium exists. Let now one of the forces be removed, or a fresh one introduced, and the equilibrium is destroyed; the constitution, having lost its harmony with existing conditions, is necessarily out of order and deranged, and a long period may elapse before it is able to accommodate itself to the altered circumstances. And the period will be the longer the more constant has been the presence of the condition which is now removed. I believe it to be the general experience of total abstainers that in many cases a considerable time must pass before comfort of constitution is regained. The two and four months of Mr. Carter, I at once say, judging from other experiences, and judging also from the nature of the case, render his trials valueless, however precise they might be in the manner in which they were carried out. I infer from the letter that Mr. Carter lays stress on these individual experiences in their bearing on the general question. I hope I do not misrepresent him; but if my inference from the tone of his letter be correct, his argument based on these trials is one of the largest illicit generalisations I have ever had the fortune to meet; and, if I am right in my deduction, Mr. Carter, I am sorry to say, does not stand alone. The arguments on this question on both sides are too frequently vitiated by the expansion of individual idiosyncrasies into characteristics of the race. As regards the instance mentioned by Mr. Carter as occurring in his practice, I consider it to be beside the mark. Total abstainers who are not bigots fully admit the value of alcohol in certain depraved conditions of the body. The case referred to by Mr. Carter was that of a man in ill-health, and the administration of alcohol kept him alive. But this does not affect the question of the wisdom or necessity of taking stimulants when the body is not diseased, and upon this valuable property of alcohol in disease I would found an argument in favour of abstinence from its use when the body is in health. The more accustomed the constitution is when in health to the influence of alcohol the less readily will it respond to the power of alcohol in the period of disease. It may be assumed, *à priori*, that those persons will derive the most vital benefit from alcohol, when administered as a medicine in disease, who have during the period of health refrained from using it, and so not deadening the sensibility of the body to its influence.

I pass by the very unnecessary and pretentious remarks of Mr. Carter upon exact laboratory work (because its results conflict with his limited experiences) with the hope that he stands alone in his profession in this respect. I understand that the records of medicine show and justify a very different spirit towards the services of laboratory experiments.

Does Mr. Carter regard the last statements of his letter as at all affecting favourably the position he takes up? I speak as a layman who desires to see the rules of logic and precise argument observed in this discussion, and I can only assure him that, from long experience in controversial matters (*oculo non manu*), I find that it is a canon of discussion that general statements mean particular defects. A case with poor defences usually seeks refuge in vague expressions. If Mr. Carter wants to discuss the matter rationally, he must affect a precise procedure than merely asserting that the "customary statements of total abstainers are to a large extent fallacious," and then "improving" this attack by a few equally general moral platitudes.

Yours faithfully,
Stoke Newington, Nov. 1st, 1877. T. E. YOUNG, B.A. Lond.

To the Editor of THE LANCET.

SIR,—As one who has been habitually a water-drinker from a time when total abstinence was an uninvented term, allow me to throw in my mite of experience to the discussion on the use and abuse of alcohol. An experience gained not only in black, but in green and even blue places, literally all the world round, should not be valueless. So far the various opinions of your correspondents remind me of a chant and chorus I once heard at sea:—

"*1st Voice.* Whisky is the life of man.
"*Chorus.* Heigh, ho, my laddie, O!
"*2nd Voice.* Whisky is the rue of man.
"*Chorus.* Whisky killed my laddie, O!"

But there was a time when there was no whisky. Alcohol is not found in nature. Before Bacchus (why should I not say Pandora?) a few hundreds of thousands of years must have passed away ere the human race was sufficiently advanced in civilisation to have acquired the art of making wine. It will not be disputed that people were at least as healthy and strong then as now. One race which has descended to our times with a constitution uninjured by alcohol is still to be found. The New Zealander is free from many diseases which afflict Western Europeans. His teeth do not decay, nor does his head get bald. He is in happy ignorance of cancer, waxy kidneys, and hob-nailed livers. The older he grows the more light-hearted he appears, disproving the saying of that pretentious old lexicographer, Dr. Johnson, that a man is only happy when he is drunk.

My opinion is that a healthy man, with healthy surroundings, not only requires no alcohol, but that daily taken as an article of diet it is in the end pernicious. We may enjoy the temporary stimulus; but are we not, in fact, mortgaging some of our future years and spending the money? It is too true that numbers of us, through necessity or ignorance, are living on in defiance of the most simple sanitary laws, and that many in the strife of "getting on in the world" get off altogether. If such things must be, and they will probably continue until boys are taught more real knowledge, if less of the Olympiads, one must admit that alcohol is often useful as a *medicine*. For instance, if Mr. Carter goes to live in a country where man has polluted the atmosphere and darkened the same, he perhaps found himself better for his beer, just as he whose dwelling is surrounded by malaria requires his quinine. Others again may prevent mischief by taking "something" before unusual exposure.

If this view then be correct, we should use alcoholic drinks only when we are unavoidably living under insanitary conditions, as a medicine, but not as an article of diet; and considering how fearfully their abuse is degrading mankind, and their use very limited, they might be sold subject to the restrictions of other medicines, and should not be displayed as temptations from flaunting bars and gassy gin-palaces.

I am, Sir, yours &c.,
Nov. 9th, 1877. HENRY WEEKES, F.R.C.S.

To the Editor of THE LANCET.

SIR,—I have read with interest the article in your issue of Oct. 27th, entitled "Medical Aspects of Total Abstinence," and, whilst fully concurring with the author's remarks in a general way, think that, instead of affirming alcohol to be "necessary to the system of some people," he should look to other articles of diet to supply its place. In my own experience I find that, living as a total abstainer, I have a liking for sweet things, for which articles of diet I had conceived an utter distaste when partaking of alcohol as an addition to meals. I am curious to know if others have had similar experiences, and whether it may not account for the saccharine nature of many teetotal beverages.

I am, Sir, yours &c.,
Gainsborough, Nov. 7th, 1877. R. H. PATERSON.

STRYCHNINE AS A PROPHYLACTIC IN FEVERS.

To the Editor of THE LANCET.

SIR,—In a recent number you published a letter from Mr. C. W. Wayler, formerly Surgeon to the East India Railway Company, setting forth the advantages of strychine in fevers in lieu of quinine. I can fully endorse his views. For some years I have used strychnine for fevers instead of quinine, and a few years back I named my treatment at the Harveian Society during the discussion following the reading of one of the papers. I employed the drug thus: Liquor strychniæ, two drachms; water to six or eight ounces; using any palatable syrup to cloak the bitter, and adding sometimes chloric ether. Of the mixture I ordered four drachms every two hours till relieved, and then every four hours till the fever was quite got under. Sometimes the dose intervals was even shorter.

Faithfully yours,
G. DE GORREQUER GRIFFITH,
Formerly Medical officer to the P. and O. Co.,
Lupus-street, Nov. 9th, 1877. India and China.

ABANDONMENT OF HYPODERMIC USE OF MORPHIA.

DR. J. BRAITHWAITE at a recent meeting of the Leeds and West Riding Medico-Chirurgical Society read a paper on the "Discontinuance of Morphia after its use Hypodermically for seven years." The patient, a lady, injected it herself, sometimes to the amount of fourteen grains daily. She succeeded partially, when an attack of erysipelas necessitated a renewal of the injections. She then determined to give it up entirely. Violent vomiting and purging were the result; but she fortunately persevered, and is now well. The case is creditable to the lady, and encouraging to all to do likewise.

Mr. R. G. McCalman.—It is difficult to say how the choice of patients can be restricted. Where it is very unreasonable it is likely soon to be altered.

Dilemma.—The custom varies in different places. Either way is courteous.

STATUS OF MEDICAL OFFICERS' DEPUTY.

To the Editor of THE LANCET.

SIR,—A dispute has arisen between myself and the Edmonton Board of Guardians, which I think may be of interest to all medical officers.

One day in August I was away from home, and a medical order was given to my deputy (nominated by myself under article 200 of Consolidated Orders). The guardians required some information relative to the case, which, of course, I sent. They next intimated in a letter to me that my deputy must attend their next meeting. This he refused to do—first, because he thought the mode of making the request was wanting in civility in that he was not written to, and because he was not an officer under the Board, and consequently the guardians had no right to call him away from his duties. The guardians at once dismissed my deputy because he refused to attend, and stated he was not a fit and proper person, and allowed copies of this letter to be taken by reporters of all the local papers. The publication of this letter is calculated seriously to injure him.

Can a Board of Guardians dismiss a deputy? He is not appointed by them, receives no remuneration from them, and is not responsible to them, as it is plainly stated a medical officer is responsible for his deputy. Have guardians the power to require the attendance of a deputy at the boardroom? Can a deputy take action at law against the guardians? Or are the guardians protected by privilege? We are prepared to prove that in every instance my deputy has done his duty. He was dismissed simply because he offended the guardians by refusing to attend.

If deputies are to be treated in this manner, I think few gentlemen will care to be nominated. I am, Sir, yours truly,

Enfield, Nov. 6th, 1877. JAMES COLLYER, L.R.C.P. Lond.

Subscriber.—The Medical Officer's Manual, issued by the publishers of the Local Government Board, Knight and Co., Fleet-street.

A Layman should address his query to a valuer.

A Regular Reader.—The special diploma granted for State Medicine at Cambridge is highly appreciated.

R. H. L. should apply to the Secretary of the College.

HYDROPHOBIA.

DR. BUISSON has addressed the following communication to the *Abeille Médicale*:—

"A single vapour-bath is sufficient to prevent hydrophobia by eliminating the virus; nevertheless, for the sake of greater security, I caused seven to be taken in as many days, at a temperature of from 42° to 48° Réaumur (127° to 140° Fahrenheit). Care should be taken to press the wound well while in the bath, in order to promote the expulsion of the poison. Immediately after the bite has been inflicted wash the wound with a piece of linen dipped in liquid ammonia, and leave it on in a moist state for at least one hour to neutralise the virus. Treat the inflammation by cataplasms of linseed, renewed every three hours, lest they should turn sour, and dress the wound with cold cream. I cause the patient to lie between two feather beds, and make him drink three or four litres of a warm infusion of borage every day. I prescribe much exercise, and let him eat what he likes. Above all, I forbid the attendants alluding to the accident, lest his imagination should be affected. My treatment does not preclude cauterisation—a very uncertain process, since all those labouring under the disease whom I treated had been cauterised. If the disorder have declared itself, I only prescribe a single bath, and leave the patient in till the cure is effected, taking care to raise the temperature gradually. Hydrophobia may last three days. Experience has proved that the cure is certain on the first day of the outbreak; on the second it is uncertain; on the third day it is impossible from the difficulty and danger there would be in conveying the patient to the bath, and keeping him in. Who would wait for the third day, knowing my treatment? Nor should one wait for the outbreak; it ought always to be avoided. Hydrophobia never breaks out before the seventh day, so that there is time enough to perform a journey to obtain what is called a Russian vapour bath."

Mrs. Meredith.—We are obliged for the communication, but regret that pressure on our space prevents publication.

Mr. Rigby.—The practice is strongly condemned. The point of etiquette seems to follow without argument.

Physician.—Whitaker's Almanack and the Medical Directory.

POOR-LAW PAY FOR SMALL-POX CASES.

To the Editor of THE LANCET.

SIR,—Would you kindly allow me to inquire, through your columns, what remuneration medical men have received from parochial boards for attending temporary small-pox hospitals? I was appointed to one by my board of guardians without terms being mentioned, and, owing to the increase of the public hospitals about that time, I had only one case admitted, lasting five weeks, and I have been awarded five guineas, or a trifle over half-a-crown for each daily visit? Considering I was gazetted in the local papers to the appointment, which did not improve my private practice, and further that I, of course, accepted the post with the chances of few or many patients, I am curious to know if other doctors have been as handsomely remunerated?

I am, Sir, your obedient servant,

November, 1877. H.

CURARA IN HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—As so much is just now being written on the subject of hydrophobia, and reference has frequently been made to the employment of curara as a remedy, will you permit us to remind you that amongst the gelatine discs for hypodermic injection introduced by us, which we had the pleasure of bringing to your notice, was one containing curara.

We have considered it expedient at the present time to write to you on the subject, as there are so many inquiries where the curara is to be obtained, and how it is to be prepared for use. To quote the words of your commentary on our gelatine discs, "the usual solutions for hypodermic injection do not keep well, and after a time are apt to deposit flocculent matter." This is entirely obviated by the discs, which will keep for any length of time in any climate, and there is, moreover, an absolute certainty as to dosage. If we add to this that they can be carried in a pocket-book in any number ready for immediate use on any emergency, we think we shall have supplied all the information which your readers may require to enable them to ascertain where and in what shape this new remedy can be obtained.

This curara, as prepared by us in these discs, was successfully used so long ago as March last in the treatment of several cases of tetanus at Guy's Hospital. We are, Sir, yours most obediently,

November, 1877. SAVORY and MOORE.

THE INFLUENCE OF ALCOHOL ON VISION.

To the Editor of THE LANCET.

SIR,—There is one common effect of alcohol, and that is in an advanced stage of inebriation, to induce double vision, or oftentimes quadruple; thus, as the inebriate walks along the street, in place of seeing one lamp he sees two or four; one star, four stars; one moon, four moons. This physiological action of alcohol in large doses is well known, and few but have heard the expression applied to a drunken man, "You see double." It is less understood that alcohol in small or moderate doses may produce a somewhat similar effect in certain individuals, and that it depends upon alcohol there is no doubt, as it never appears in these except when some has been taken. A patient, whose veracity is unimpeachable, complained to me that he was annoyed with this irregularity of vision. After reading for a long time in the evening, when he had had his glass of grog, without straining his eyes, two or three images were presented before him; sometimes a whole page became double, the upper image always being fainter; and by moving his head he could alter the position of the images, the same effect being produced in him at the time by contracting the eyebrows. From his description of the appearances the print sometimes would appear to be in the following relation:

"Spontaneous generation."
"Spontaneous generation."

Or,

"Can you cure me?"
"Can you cure me?"
"Can you cure me?"

He was rather alarmed about it. There was very slight stomachic derangement, which was soon relieved. I advised him to give over smoking; but this had no effect. But when he abandoned spontaneously his usual afternoon glass of grog, this annoyance disappeared. He now smokes, and for over ten months has been free from any attacks of double vision.

I know some other instances of the same irregularity, I believe depending on the same cause.

Without attempting a physiological explanation, or incriminating any particular part of the organ of vision, as the crystalline lens, I think it worthy of the consideration of the profession, and have brought under the notice of your readers, some of whom may have had similar cases which have not proved amenable to treatment, and who may verify or disprove in a very simple manner the accuracy of my observation and my deduction.

Yours &c.,

November, 1877. T. M. DOLAN, L.R.C.P.

"OBSTETRIC ITEMS."

To the Editor of THE LANCET.

SIR,—Mr. Gleesan asks, in your impression of Saturday last, whether I would rupture the membranes in primipara when the os is dilated to the size of a shilling. I do not advise it to be done in every case indiscriminately; but if the lips of the os be thin and dilatable, and if there be any cessation of the pains, the effect of rupturing them will often be to stimulate the uterus to more efficient action. I cannot see why the hard bony fœtal skull should not cause more speedy dilatation than the soft yielding bag of membranes. I am, Sir, yours truly,

Tottenham, Nov. 12th, 1877. W. H. PLAISTER.

ADULTERATION OF BEER.

To the Editor of THE LANCET.

SIR,—In your issue of the 3rd instant I observe in a letter from a correspondent, who signs himself "F. H. W. T.," the following statement:—"Cocculus indicus is largely put into beer; of this I have conviction."

With your permission I should like to inquire on what grounds your correspondent bases his conviction? As he is doubtless aware, so eminent an authority as Dr. B. W. Richardson failed to detect cocculus indicus in any specimen of beer examined (On Alcohol; Cantor Lectures, 1875). Has your correspondent been more successful, or has he had other sources of information? Yours obediently,

Wakefield, Nov. 13th, 1877. HERBERT C. MAJOR.

AERATED WATERS AS DIURETICS.

To the Editor of THE LANCET.

SIR,—In your issue of Nov. 3rd, in a note on the diuretic action of aerated waters, it is remarked that during sleep there is a diminished secretion of urine, followed by increased flow during early waking hours. Is that not sufficiently accounted for by the recumbent position allowing a stagnation of the urine in uriniferous tubes, ureters, &c., which urine gradually finds its way to the bladder by the force of gravity as soon as the upright position of the trunk is resumed? Yours &c.,

Abingdon, Nov. 8th, 1877. GEO. GOSSET.

RAISING THE ARM IN EPISTAXIS.

To the Editor of THE LANCET.

SIR,—Dr. Mackenzie, in an article in your last number, alludes to the treatment of raising the arm above the head, and stopping the nostril on the affected side, as sometimes effectual in arresting the flow of blood.

Having tried this plan on one or two occasions effectually, I naturally sought for an explanation of the success of a method apparently so empirical. The reason of it at length appeared to me both simple and interesting. It was this: In holding the arms up above the head—for in my cases I did both,—the scapulæ are elevated and rotated outwards, and by this means extension is made upon the ribs by the serrati magni muscles; the chest thus expanded causes an increased flow of blood from the venous or right side of the heart to the lungs, and *pro tanto* from the head, and a temporary or partial stasis or diminished flow of blood to the left or arterial side of the heart, thus reducing the *vis à tergo*, and allowing to such extent, therefore, time for the blood to coagulate in the vessels of the nose.

This explanation was confirmed by an observation which just reverses the condition of things. A patient came to me suffering from occasional attacks of hæmoptysis, and spontaneously remarked "that it was sometimes brought about by raising his arms above his head, as in removing anything from a shelf or otherwise." This statement beautifully fitted in with my views, and struck me at once as a remarkable confirmation of what before might be taken only for a possible or plausible explanation.

I am, Sir, your obedient servant,

Bristol, Nov. 12th, 1877. ROBERT W. ELLIS, M.R.C.S. Eng.

ERRATA.—In Dr. Mortimer Granville's letter on "Hysterical Anæsthesia" published in our last issue, on page 705, second column, line 21, for "in" read *is*. The last sentence but one in the same paragraph should read as follows:—"The victim of the involuntary muscular contraction or spasm, which breaks the rhythm of the voluntary act, intentionally produces the jactatory phenomenon, and thus obtains the mastery."—In Mr. Gay's article on the "Venous Circulation, page 683," second column, line 29, omit sentence commencing "Indeed," occurring as it does in the preceding paragraph. And in 40th line of same column, for "of" before "complete" read *to*.

COMMUNICATIONS, LETTERS, &c., have been received from — Sir W. Gull; Sir J. Fayrer, London; Mr. R. B. Carter, London; Dr. B. Hicks, London; Mr. Macnamara, London: Mr. J. Gay, London; Dr. Golding Bird; Dr. Squire, London; Dr. Farquharson, London; Mr. Cowell, London; Dr. Althaus, London; Mr. C. Heath, London; Dr. Barnes; Mr. Teevan, London; Dr. M. Jones, Cork; Mr. Francis Playford; Mr. Bermingham, New York; Mr. Ingpen, Putney; Mr. Anderson, Edinburgh; Mr. Allen, London; Messrs. Gale and Co., London; Messrs. Tillotson and Son, Bolton; Mr. Napier, Crosshill; Mr. Plaister, Tottenham; Mr. Hodgson, London; Mr. Hitchcock, Lewisham; Messrs. Zimmerman, London; Mr. German Reed, London; Mr. Hore, London; Mr. Pedley, Borragh; Dr. Binz, Bonn; Mr. Jesse, Rhyl; Dr. Lambert, Liverpool; Mr. Lovell, St. John's-wood; Dr. Pritchard, Sittingbourne; Mr. Ryley, Leytonstone; Mr. Weekes, Barcelona; Mr. McCalman, East Ilsley; Mr. Arrowsmith, Darlington; Mr. MacLaughlin, Ceylon; Dr. Sayre, New York; Mr. Ellis, Bristol; Mr. Garner, Boston; Mr. W. Barnes, London; Mr. Ellis, Newcastle-on-Tyne; Dr. White, Darton; Dr. Hardman, Cardiff; Dr. Gibson, Edinburgh; Mrs. Meredith; Mr. Rand, Bishop Auckland; Dr. Macaulay; Mr. Lawson, Halifax, Nova Scotia; Dr. Braithwaite, Leeds; Mr. Smith, Clifton; Mr. Coates, Belfast; Dr. Griffith, London; Dr. Hamilton, Forest-hill; Mr. Gosset, Abingdon; Dr. Page, Newcastle-on-Tyne; Mr. Paterson, Gainsborough; Mr. Wilkinson; Mr. Hinds; Mr. Feldmann, Dalston; Mr. Barron, London; Dr. Ginders, Normanton; Mr. Baker, Wakefield; Mr. Peacock, Milton; Mr. Henderson, Rathmullen; Mr. Owen, Poynton; Mr. E. Cotterell, London; Dr. Philipson, Newcastle-on-Tyne; Mr. Sloven, Glebeview; Dr. Bramwell, Newcastle-on-Tyne; Mr. Fosbroke; Dr. Macgill; Mr. Fowler; Mr. Lee; Dr. Thomas, Birmingham; Surgeon-Major Smith, Bristol; Dr. Smith; Dr. Mason, Newcastle; Dr. Atkinson, Leeds; Dr. Crugnill, Liverpool; Dr. Collins, Dublin; Dr. Lilley, Hatton; Dr. Skrimshire, Holt; Dr. Major, Wakefield; Dr. James; Dr. Burrell, Morocco; Dr. Carpenter; Dr. O'Connor; Mr. Treves; Mr. Smyth; Dr. Thomson, Wembley; Dr. Gill, Folkestone; Mr. Pearson; Mr. Lowe; Mr. Hopgood; Mr. Cretin; Illiterate; Constant Reader; Medicus, Dartmouth-park; Dilemma; M.D., B.S.; The Secretary of the Society of Arts; M.R.C.S.; Physician; E. P. W.; Alpha; Rex; Subscriber; A. J. L.; A Regular Reader; Somnambulist; E. E. R., Thornton; W. M. S., Tunbridge Wells; In Medio; F. B. C.; L.R.C.P.Ed.; G. P.; Surgeon-Major; A Layman; The Registrar-General of Births and Deaths; &c.

LETTERS, *each with enclosure*, are also acknowledged from — Dr. Arnison, Newcastle-on-Tyne; Mr. Field, London; Mr. Butcher, Jersey; Dr. Davies, Macsteg; Mr. Shaw, Tamworth; Mr. Thomas, Bangor; Mr. Cairns, Wakefield; Mr. Davies, Mountain Ash; Mr. Kukley, South Shields; Messrs. Machlachlan and Co., Edinburgh; Dr. Hardwicke, Sheffield; Dr. Meadows, London; Mr. Peirson, Coventry; Mr. Heyworth, Bacup; Mr. Jones; Mr. Peters; Dr. Duke; Mr. Redmond; Mr. Shaw, Rochdale; Mr. Scott; Dr. Milne; Mr. Rimmell; Mr. Rigby, Rochdale; Mr. David; Mr. Turner; Mr. Rick; Mr. Binks, Wakefield; Mr. Hill; Mr. O'Neil; Mr. Wylie, Belfast; Mr. Lawson, Preston; Dr. Broun de Clayer; Mr. White; Assistant; C. F. L., Henfield; M. B. A., Turnham-green; Delta; E. G. Southampton; E. D. J., Brixton; Physician; N. J. L.; Medicus; X. Z.; J. T., Great Marlow; W., Melksham; Churchman; Practitioner; House-Surgeon; C. H., Bath; Beta.

Sunday Times, Lincoln Gazette, Herald, Birmingham Daily Mail, Lincolnshire Chronicle, Pontefract Advertiser, Aberystwith Observer, Birmingham Daily Post, Hospital Gazette, Herts Advertiser, Financial Opinion, &c., have been received.

METEOROLOGICAL READINGS

(Taken daily at 8 A.M. by Stewart's Instruments.)

THE LANCET OFFICE, Nov. 15TH, 1877.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 8.30 A.M.
Nov. 9	29·66	S.W.	52	53	...	57	47	0·02	Raining
,, 10	29·40	W.	48	51	...	57	47	0·18	Fine
,, 11	29·31	S.W.	50	54	...	54	48	...	Raining
,, 12	28·98	S.W.	42	46	...	52	41	0·69	Cloudy
,, 13	29·33	W.	46	47	...	48	43	0·02	Foggy
,, 14	30·00	N.W.	38	38	...	51	36	...	Foggy
,, 15	30·28	W.	50	51	...	54	37	0·02	Raining

Medical Diary for the ensuing Week.

Monday, Nov. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Wm. Adams, "On Infantile Paralysis: Clinical History of Cases with Rigid and those with Flaccid Muscles."

Tuesday, Nov. 20.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8½ P.M. The following Specimens will be exhibited:—Dr. Dowse: Pathology of a Case of Paralysis Agitans. Dr. Burney Yeo: Cyst connected with the Liver. Dr. Irvine: Aneurism in the Cavity of an Abscess in the Liver. Dr. Powell: Small Aneurism in the Wall of an Ulcer in the Duodenum. Dr. Cayley: Specimens from a Case of Hyperostosis associated with Cancer. Mr. Nunn: Hyperostosis of the Tibia. Dr. Greenfield: (1) Microscopical Report on a Syphilitic Tumour on the Cerebral Artery (sequel to a former communication); (2) Hæmorrhagic Pachymeningitis. Dr. Ralfe: A Case of Chyluria. Mr. Butlin: A Case of Multiple Sarcoma in a Boy (living Specimen). And other Specimens.

Wednesday, Nov. 21.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 3½ P.M.
ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—6½ P.M.

Thursday, Nov. 22.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Nov. 23.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. J. G. Waller, "On a new British Sponge."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Tilbury Fox, "On a Case of Iodide of Potassium Eruption." — Mr. Christopher Heath, "On a Case of Popliteal Aneurism, for which the Femoral Artery was Ligatured twice."—Mr. Thomas Smith, "On a Case of Ligature of the Femoral Artery with Carbolised Gut, followed by the formation of an Aneurism at the seat of ligature."— Mr. Godlee (for Dr. Marriott), "On a Case of Acute Suppurative Synovitis of the Knee; Evacuation of the Pus with Antiseptic precautions; Recovery" (the patient will be exhibited).

Saturday, Nov. 24.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under .....£0 4 6 | For half a page £2 12 3
For every additional line ... 0 0 6 | For a page 5 0 0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

N.B.—All letters relating to Subscriptions or Advertisements should be addressed to the Publisher.

Agent for the Advertising Department in France—
Mons. DE LOMINIE, 30½, Rue Grenelle St. Germain, Paris.